

COUNTY BOROUGH OF PRESTON.



REPORT

OF THE

Medical Officer of Health

on the Health of the Borough

for the year

1966.

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ANNUAL REPORT, 1966

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INTRODUCTION

To the Mayor, Aldermen and Councillors of the County Borough of Preston.

This report on the public health for 1966 once again covers the whole field of health and welfare for which the Health Committee has statutory responsibility, as well as those aspects of environmental hygiene on which it has a watching brief.

It was not a year presenting any outstanding epidemiological feature but it began with a good deal of influenza in the first quarter and high sickness rates in the last quarter. There was also the inevitable association of increased mortality in the older sections of the population and an overall death rate rather higher than the fairly low rate of the previous year.

For the sixth year running no maternal death occurred and the infant mortality rate at 23.52 per 1,000 live births was the lowest ever recorded in Preston.

Clearly the combination of a first class midwifery service, an efficient health visiting service and a greatly improved physical environment is producing results that would have been unthinkable thirty years ago.

In these recent times we have seen continuing full employment, even in 1966 Preston appears to have escaped the cruder effects of the trade recession, the provision of centrally heated homes with hot water supplies and internal sanitation and programmes for the control of air pollution that have made it a very different place to live in and to work in. Dividends are paid in terms of saving in human life and in improved conditions of living, and it is against this prospect that the cost of these developments should be set.

We have been living for some time past in a rapidly changing world and the pace shows no sign of slackening.

The altered outlook in birth control and family planning has enabled the Council to give active support to the local Family Planning Association to an extent that would not have been dreamt of some years ago and there is building up a close liaison with the health visitors which is resulting in the facilities of the association being utilised by a wider section of the population.

Similarly, the demand from women for the establishment of a cervical cytology clinic and the freedom with which it is being used illustrate the different approach in these times to problems of this nature.

In the care of young children more progress has been made with the consolidation of the newer techniques associated with developmental paediatrics. The earlier that developmental deviations can be detected in the young the sooner can measures be applied for their correction or control. Medical science today can save the lives of handicapped infants to a much greater extent than ever before. In doing so it poses new problems of care and of education.

In a simpler aspect of child care the decision to make available clinics for the establishment of toddler playgroups is one apparently welcome to the mothers of today and certainly beneficial to the children themselves. An extension of the scheme to cover other parts of the town is due.

In the field of sick nursing the call for assistance in the home has increased and this is of course related to the extension of hospital out patient treatment and to the discharge of inpatients before full nursing treatment has been completed. The

domiciliary nursing service is well qualified professionally to cope with such work and quantitatively could deal with it more efficiently if it were supported by enrolled nurses to carry out bed bathing and other technically less complicated duties. It is a matter for regret that money could not be made available for this more effective deployment of skilled personnel.

The ancillary services associated with nursing and care in the domiciliary field have worked well during the year. The home help establishment remained less than sufficient to meet the need and the cover in consequence is painfully thin in parts. Chiropody also was in great demand and is proving a boon in its beneficial effect on the walking capacity of many old people. Experimentation in physiotherapy in the treatment of persons suffering from recent stroke seemed to be yielding very promising results and was terminated at the close of the year only by the resignation, for personal reasons, in fairly quick succession of the two physiotherapists.

It is today fashionable to talk of long term planning. Ten years ago the Royal Commission on the Law relating to Mental Illness and Mental Deficiency was still sitting and it was only six years ago that the Act to which it gave birth became effective. A great deal has been done in the intervening six years and Preston has no reason to be unhappy about the progress made locally, especially with the willing and active co-operation of the Preston and District Society for the Mentally Handicapped, in the field of mental deficiency. Mental health is an area where much more will be achieved in the near future but the routes are still not clearly defined and it would be a bold man who prognosticated exactly where we shall stand even in another five years time.

The welfare of the handicapped is a subject which is in need of constant revision in the light of the changing picture. What seemed to be progressive advances fifteen years ago appear today to be no more than barely adequate measures.

The problems of the blind are changing as the average age of the blind population increases. The difficulties of sheltered employment become magnified by the drying up of new younger entrants to the workshops and the disappearance of demand for goods from the traditional trades associated hitherto with such workshops. Some radical rethinking in this field is necessary and the recent closer linkage of the interested local authorities and the Institute for Blind Welfare through the Workshops Committee could well be the means of a new approach to the issues of today.

In the Welfare of the Deaf which is dealt with on behalf of this Authority by the North and East Lancashire Association for the Deaf there is a new spirit about. The welfare work now being done for the deaf in mental hospitals is clear progress and the hostel which the association hopes to provide shortly should help materially certain deaf persons who at present face a life of extreme loneliness. The Association seems now to be moving out of the period of acute difficulty that has faced it in recent times and the deaf are certain to benefit in consequence.

The physically handicapped vary in their state from relative minor handicap to gross disability. The guiding principle in their care is to determine the potential that exists in each person and to make provision for its flowering. The extremes of this provision range between training and placement in suitable employment, and here there is a happy association with the Disablement Resettlement Officers of the Ministry of Labour, to accommodation in an expensive home suitably staffed and adapted to meet the needs of the gravely handicapped. In monetary terms this is an

expensive service but its dividends lie in the knowledge that there is no justification today for human discards and that each individual is entitled to his place in society.

Twenty years ago Preston was in the forefront in its plans for the care of old people and it quickly made hostel provision of high quality not only for its own old people but to assist other less happily situated authorities in the short term whilst they developed new services.

The scene has changed with the passing of the years and it has been possible for the Housing Committee greatly to increase the number of flats and bungalows for old people and to experiment in the provision of supervised flats with communal sitting rooms.

As a consequence the accommodation provided by the Health Committee is now used by the frail elderly and it will be necessary to fit lifts into premises where in the past these were not necessary. New premises are now needed to replace the old Fulwood Hostel that has outlived its usefulness and these will have to be planned in the light of the needs of those who will need to live in them.

Progress has continued in the field of environmental hygiene and the contemporary phase of slum clearance is nearing its close. Some criticism has been made of unsightly vacant sites resulting from this activity. The existence of such vacant sites is temporary in nature, the rebuilding of Avenham is clear evidence of this and is a small price to pay for the tremendous advance in housing accommodation with which it has been associated.

More progress in cleaning the air has been made this year but about three fifths of the houses in the town ten years after the passing of the Clean Air Act are still not covered by orders. At this dilatory rate smokelessness is unlikely to be achieved before the mid nineteen eighties and two more generations of children will strive to grow up, and two generations of old people will struggle to survive against this insanitary heritage.

Efforts to improve the standards of hygiene of restaurants, cafes and snack bars continue and further progress has been made in the application of measures associated with shops, offices and railway premises, but it will be some time before a satisfactory standard can be achieved everywhere.

There has been in recent years a marked increase in co-operative action with various voluntary groups. There is scope for effort both for the statutory authority and voluntary endeavour in many fields of social welfare and where these two forces can merge and work together the result is to the benefit of those in need. I am glad to say that much of the progress that is being made today is in great measure the result of the happy association that prevails between on the one hand the committee and its staff and on the other the groups of citizens who have banded themselves together to give service to those less well endowed than themselves.

Once again various members of the staff have assisted in the compilation of this report and I am grateful to them for their contributions.

J. S. G. BURNETT.

Medical Officer of Health.

Senior Public Health Officers of the Local Authority

Medical Officer of Health and Port Medical Officer	J. S. G. BURNETT, M.D., D.P.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer	I. G. P. FRASER, M.B., Ch.B., D.P.H. (resigned 31.8.66) L. P. GRIME, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M., D.P.H., M.N.Y.A.S. (commenced 1.9.66)
Departmental Medical Officers and School Medical Officers	K. DOWLING, M.B., Ch.B. I. M. R. PURDOM, M.B., Ch.B., D.P.H. A. T. NOLAN, L.R.C.P. & S., D.P.H. J. T. CARROLL, M.B., B.Ch., L.M., D.R.C.O.G. F.R.C.S. E. J. HUNT, M.B., B.S., D.P.H. A. FOWDEN, M.B., Ch.B.
CLINICIANS UNDERTAKING CONSULTATIVE WORK—	
Consultant Obstetricians	W. H. TOD, B.Sc., M.D., F.R.C.O.G. W. A. ROBSON, M.B., Ch.B., F.R.C.O.G.
Consultant Oto-rhino larynologists	J. A. KERSLEY, F.R.C.S., D.L.O. H. WICKHAM, M.B., Ch.B., F.R.C.S.
Consultant Orthopaedic Surgeon...	R. S. GARDEN, M.Ch.Orth., F.R.C.S.
Consultant Paediatrician	A. G. HESLING, M.R.C.P., D.C.H.
Consultant Psychiatrist	C. S. PARKER, M.D., D.P.M. (resigned 10.10.66)
Consultant Orthodontist	F. D. ROWE, L.D.S.
Consultant Anaesthetist	J. A. L. COOPER, M.R.C.S., L.R.C.P.
Ophthalmic Surgeon	*J. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
Veterinary Officer	F. J. PROCTOR, B.Sc., M.R.C.V.S., D.V.S.M.
Chief Dental Officer	A. KERSHAW, L.D.S.
Senior Dental Officer	A. L. CALLAND, L.D.S. (commenced 1.11.66)
Chief Public Health Inspector ...	E. OWEN, M.A.P.H.I.
Superintendent Health Visitor ...	Miss E. W. SOWERBY, S.R.N., S.C.M., H.V.'s Certificate.
Non-Medical Supervisor of Midwives	Miss M. HADFIELD, S.R.N., S.C.M., M.T.D.
Superintendent District Nurse ...	Miss M. MORGAN, S.R.N., S.C.M., Q.N., H.V.
Domestic Help Organiser	Miss S. E. DOHERTY.
Speech Therapist	Vacant

Chiropodists	*Miss M. BILLING, M.Ch.S., S.R.Ch. Mrs. B. J. ROBINSON, M.Ch.S. *Mrs. P. M. BROMLEY, M.Ch.S. (resigned 28.5.66) *Mr. R. BEARDSWORTH, M.Ch.S. *Mrs. M. BEARDSWORTH, M.Ch.S., S.R.N. Miss A. SELLS, M.Ch.S. (resigned 31.7.66) *Mr. E. HOLMES, I.Ch. *Mr. P. S. HARGREAVES, M.Ch.S. (commenced 3.8.66) *Mr. T. H. WALL, I.Ch. (commenced 26.7.66) *Mr. I. R. Manley, I.Ch. (commenced 14.9.66) (resigned 21.12.66)
Physiotheraposts	Mrs. V. J. FOULKES, M.C.S.P. (resigned 12.8.66) Mrs. S. M. ABEL, M.C.S.P. (resigned 31.1.66) Mrs. E. M. MCCORMACK, M.C.S.P. (commenced 29.3.66) from 12.9.66 part-time (resigned 31.12.66)
Chief Administrative Assistant ...	R. HARRISON, Cert. R.S.I. and S.I.E.J.B.
* <i>Part time</i>	

Committee concerned with Public Health matters

HEALTH COMMITTEE.

1. The Council hereby refer to the Health Committee, subject to the confirmation of their proceedings by the Council, the duties, powers and functions or the Council in relation to or arising under the following:—

- (a) all matters relating to the health of the borough and the prevention, notification and treatment of disease, not otherwise delegated to this or some other committee of the Council;
- (b) the superintendence of the department of the Medical Officer of Health (other than those officers mainly attached to services administered by other committees) and the appointment of Public Health Inspectors;
- (c) the Rag Flock and Other Filling Materials Act, 1951; the Fabrics (Misdescription) Act, 1913, the Fertilisers and Feeding Stuffs Act, 1926, the Agricultural Produce (Grading and Marking) Acts, 1928 and 1931, Agriculture (Safety, Health and Welfare Provisions) Act, 1956, the Riding Establishments Acts 1939 and 1964, and any Orders, Rules, Regulations or Byelaws having effect under any of the said Acts;
- (d) the provisions of the Nurses Acts, 1957 and the Nurses Registration Act, 1957;
- (e) as the Port Health Authority;
- (f) as the Local Health Authority under the National Health Service Acts;

- (g) Part III of the National Assistance Act, 1948, relating to the provision of residential and temporary accommodation and the provision of welfare services for handicapped persons, Trading Representations (Disabled Persons) Act, 1958;
- (h) Part IV of the National Assistance Act, 1948, except the registration of charities for disabled persons; Trading Representations (Disabled Persons) Act, 1958.
- (i) the provision and maintenance of public sanitary conveniences;
- (j) as the local Health and Welfare Authority under the Mental Health Act, 1959,

2. The Council hereby delegate to the Health Committee the duties, powers and functions of the Council arising under or in pursuance of the following provisions and any Orders, Rules, Regulations or Byelaws having effect hereunder:—

- (a) the Diseases of Animals Act, 1950, for the purpose of which the committee shall be the executive committee;
- (b) the Pharmacy and Poisons Acts, 1852 to 1941;
- (c) the provisions of the Public Health Acts and local Acts, so far as they relate to health and sanitary matters, and in particular, but without prejudice to the generality of the foregoing delegation, the following provisions of the Public Health Act, 1936, viz.:—

Sections 39 to 41 ; 44 to 52 ; 56 ; 58 ; 83 to 86 ; Part III ; Sections 124 ; 138 to 141 ; Parts IX and X ; Sections 259 to 261 ; 268 ; 269 and 288.

and the following provisions of the Public Health Act 1961, viz.:—

Sections 15 to 23 ; 26 ; 29 (so far as this section is applicable to Demolition and Clearance Orders) ; 32 ; 35 to 42 ; 74 to 79.

- (d) the Housing Acts, so far as they relate to insanitary property, overcrowding and houses in multiple occupation.
- (e) Part I (Health General Provisions) and Part VIII (Home Work) of the Factories Act, 1961 ;
- (f) the Food and Drugs Acts, 1955 (except Part III) and the Merchandise Marks Acts, 1887 to 1953 ;
- (g) the Offices, Shops & Railway Premises Act, 1963 (all sections except 28-41) ;
- (h) Prevention of damage by Pests Act, 1949 ;
- (i) the Rivers Pollution Prevention Acts ;
- (j) the Midwives Act, 1951 ;
- (k) the Pet Animals Act, 1951 ;
- (l) Sections 36 and 90 of the Housing Act, 1957, and so much of the Rent Act, 1957, as relates to the issue and cancellation of certificates of disrepair ;
- (m) The Clean Air Act, 1956 ;
- (n) Section I of the Noise Abatement Act, 1960 ;
- (o) Part I (except Section 24) of the Caravan Sites and Control of Development Act, 1960 ;
- (p) Consumer Protection Act, 1961 ;
- (q) Slaughter-Houses Act, 1958—regulations thereunder ;
- (r) Slaughter of Animals Act, 1958—regulations thereunder ;

- (s) The Animal Boarding Establishments Act, 1963 ;
- (t) Nursing Homes Acts and Regulations, 1963 ;
- (u) Part II Housing Act, 1964.

SUB-COMMITTEES OF THE HEALTH COMMITTEE.

Mental Health Services Sub-committee.

Duties under the Mental Health Act 1959, and the care and after-care of persons suffering from mental illness or defectiveness.

Domiciliary Services Sub-committee.

Duties relating to the care of mothers and young children, midwifery, health visiting, home nursing, vaccination and immunisation, prevention of illness, care and after-care (except of persons suffering from mental illness or defectiveness) and domestic helps.

Homes, Hostels and Welfare Services Sub-committee.

Duties concerned with the provision of residential accommodation for the aged and infirm and others in need of care and attention, the provision of temporary accommodation for persons in urgent need of such accommodation ,and the registration and inspection of disabled persons' or old persons' homes provided otherwise than by the local authority, and with the provision of welfare services for the blind, deaf and dumb, crippled and others suffering from disabilities.

Statistics and Social Conditions of the Area 1966

Area	...	...	...	...	...	...	...	...	acres	6,357
Population (Registrar General's mid-year estimate, 1966)									...	... 107,400
(Census, April 1961—113,341)										
Number of inhabited houses, according to Rate books (as at 1.4.67)									...	35,350
Rateable Value (as at 1.4.67) ... .. .									...	£4,561,310
Sum represented by a Penny Rate (Financial year, 1966-67)									...	... £17,799
Total cost of services administered by the Health Committee for the year ending 31st March, 1967:—										
Expenditure			...	...	...	...	...	...	...	£605,883
Income			...	...	...	...	...	...	...	£155,179
Net cost			...	...	...	...	...	...	...	£450,704

						<i>Birth Rate per 1,000 of population</i>	
						<i>Crude</i>	<i>Adjusted*</i>
			<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Rate</i>	<i>Rate</i>
Live Births	...	...	1,956	1,005	951	18.21	19.67
Legitimate	...	...	1,723	880	843	16.04	17.32
Illegitimate	...	...	233	125	108	2.17	2.34

Number of Still-births: 39.

Rate per 1,000 total births: 19.55.

Total live and Stillbirths: 1,995.

Deaths of Infants under one year of age: 46.

Infant mortality rate per 1,000 live births:

<i>Legitimate</i>	<i>Illegitimate</i>	<i>Total</i>
22.63	30.04	23.52

Deaths of Infants under one month: 30.

Neo-natal mortality rate: 15.35 per 1,000 live births.

Early Neo-natal Mortality Rate: 11.76 per 1,000 live births.

Perinatal Mortality Rate: 31.08 per 1,000 Total live and still-births.

Illegitimate live births per cent of total live births: 11.91%.

Number of women dying in or in consequence of child birth:—

<i>Deaths</i>	<i>Rate per 1,000 live and still-births</i>
1	

Deaths—nett: 1,389. Rate per 1,000 population: 12.93 (crude rate)
14.35 (adjusted rate)*.

Percentage of total deaths in hospitals and public institutions: 46.22%.

Deaths from Cancer (all ages): 230.

Deaths from Measles (all ages): Nil.

Deaths from Whooping Cough (all ages): Nil.

Deaths from Gastro Enteritis (under 2 years of age): 2.

Number of Marriages: 1,046.

* Area comparability factor: Births ... 1.08.

Deaths ... 1.11.

Table 1.
Comparative Statement of Vital Statistics.
Year 1966.

	Birth Rate (Crude)	Death Rate (Crude)	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and still births)	Perinatal Mortality Rate	Death Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate per 1,000 Total (Live and Still Births)		
								Maternal causes excluding abortion	Due to abortion	Total maternal mortality
England and Wales (provisional)	17.7	11.7	19.0	15.4	26.3	0.043	0.005	0.20	0.06	0.26
Birkenhead ..	18.9	11.3	23.9	16.6	31.1	0.04	0.007	0.36	—	0.36
Burnley	15.91	15.67	29.67	19.65	40.09	0.06	—	0.79	—	0.79
Bury	20.60	13.04	11.43	23.09	28.10	0.03	0.01	—	—	—
Halifax	17.60	15.53	24.42	16.48	30.51	0.08	—	—	—	—
Liverpool ..	19.0	11.6	22.7	20.0	32.6	0.065	0.007	—	—	—
Manchester ..	19.17	12.55	25.53	18.27	31.37	0.07	—	0.25	0.08	0.33
Oldham	18.78	15.06	27.94	12.37	25.69	0.08	—	—	—	—
PRESTON ..	18.21	12.93	23.52	19.55	31.08	0.06	—	—	—	—
Rochdale ..	18.6	14.5	16.0	22.3	31.0	0.05	—	—	—	—
Salford	18.84	13.93	32.01	20.66	40.26	0.069	—	—	—	—
St. Helens ..	17.1	12.9	25.9	24.7	37.3	0.08	—	—	—	—
Stockport ..	17.90	13.13	24.15	21.70	36.04	0.021	—	—	—	—
Wallasey ..	17.39	12.74	19.67	16.04	25.44	0.048	—	.553	—	.553
Wigan	17.24	12.77	19.32	11.75	24.23	0.08	—	—	—	—

Population.

The movement of population out to the suburbs continues unabated and in consequence the population of the administrative area fell by another 1,630 to a total of 107,400. The excess of live births over deaths was 567. The mass of traffic rolling into the town each morning and out again each evening emphasizes the antiquity of the present local government boundary. It highlights, as was demonstrated in last year's report, the social group separation of the population on different sides of an outdated boundary, and it draws attention to the consequential complexity of local health statistics and to the variation in need for the social services both in type and in extent according to the nature of the population to be served within the ancient boundaries.

Births.

The birth rate at 18.21 remains above that for England and Wales viz. 17.7 but represents a continuance of the slight local decline that has been in evidence since the peak in 1964. This decline is occurring eighteen to twenty years after the very high post war birth rates of 1946/47 and is therefore not related to a drop in the number of potential mothers. To what extent it is related to the free availability of contraceptives in recent times is not yet clear.

Table 2.
Number of Births registered in the various wards.

Ward					Estimated Population	Births	Rate per 1,000 population
Ashton	...	...	...	...	8,540	137	16.04
Avenham	...	...	...	...	8,470	182	21.49
Central	...	...	...	...	7,840	172	21.08
Deepdale	...	...	...	...	9,640	157	16.28
Fishwick	...	...	...	...	9,420	159	16.88
Moorbrook	...	...	...	...	8,530	145	16.10
Park	...	...	...	...	7,360	188	25.54
Ribbleton	...	...	...	...	12,960	230	17.75
St. John's	...	...	...	...	7,290	123	16.87
St. Matthew's	...	...	...	...	9,360	180	19.23
Savick	...	...	...	...	9,500	162	16.05
Tulketh	...	...	...	...	8,490	121	14.25
Total					107,400	1,956	

Deaths.

The year was free from acute epidemic disease of high fatality, though influenza and pneumonia produced an increased number of deaths amongst the elderly during the first quarter of the year so that the death rate at 12.93 per 1,000 population showed some increase over the very low rate of 12.27 for 1965.

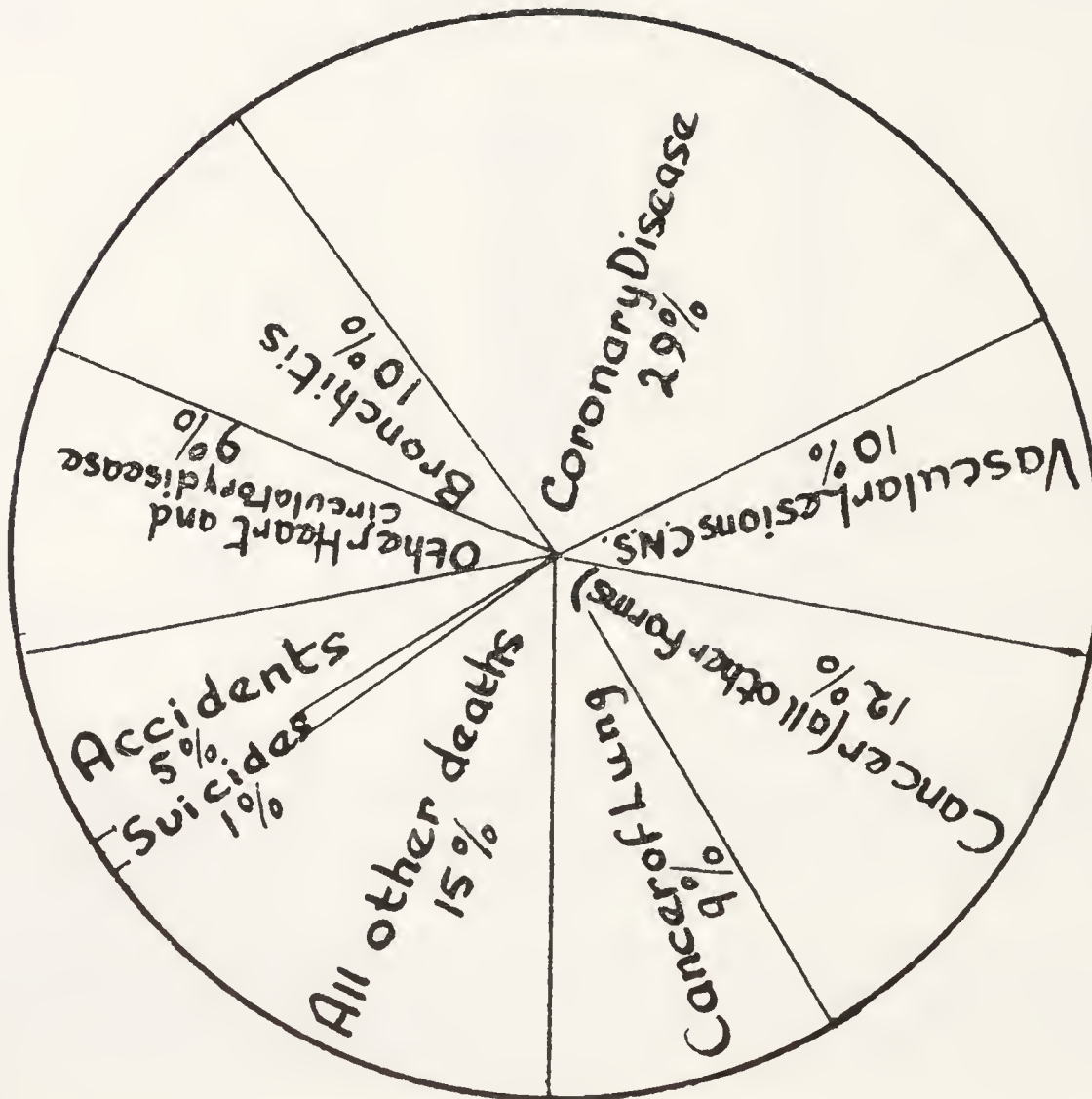
Perinatal mortality was only fractionally higher at 31.08 deaths per 1,000 total births but is still well above the national rate of 26.3. Infant mortality recorded a new low at 23.52 the best rate ever achieved in Preston. The figure for England and Wales was 19.0.

Amongst the population of working age 258 men and 142 women died. The two commonest causes of death amongst men in this age range were, coronary thrombosis accounting for 86 and lung cancer for 32. These two causes accounted for 46% of the deaths amongst working males.

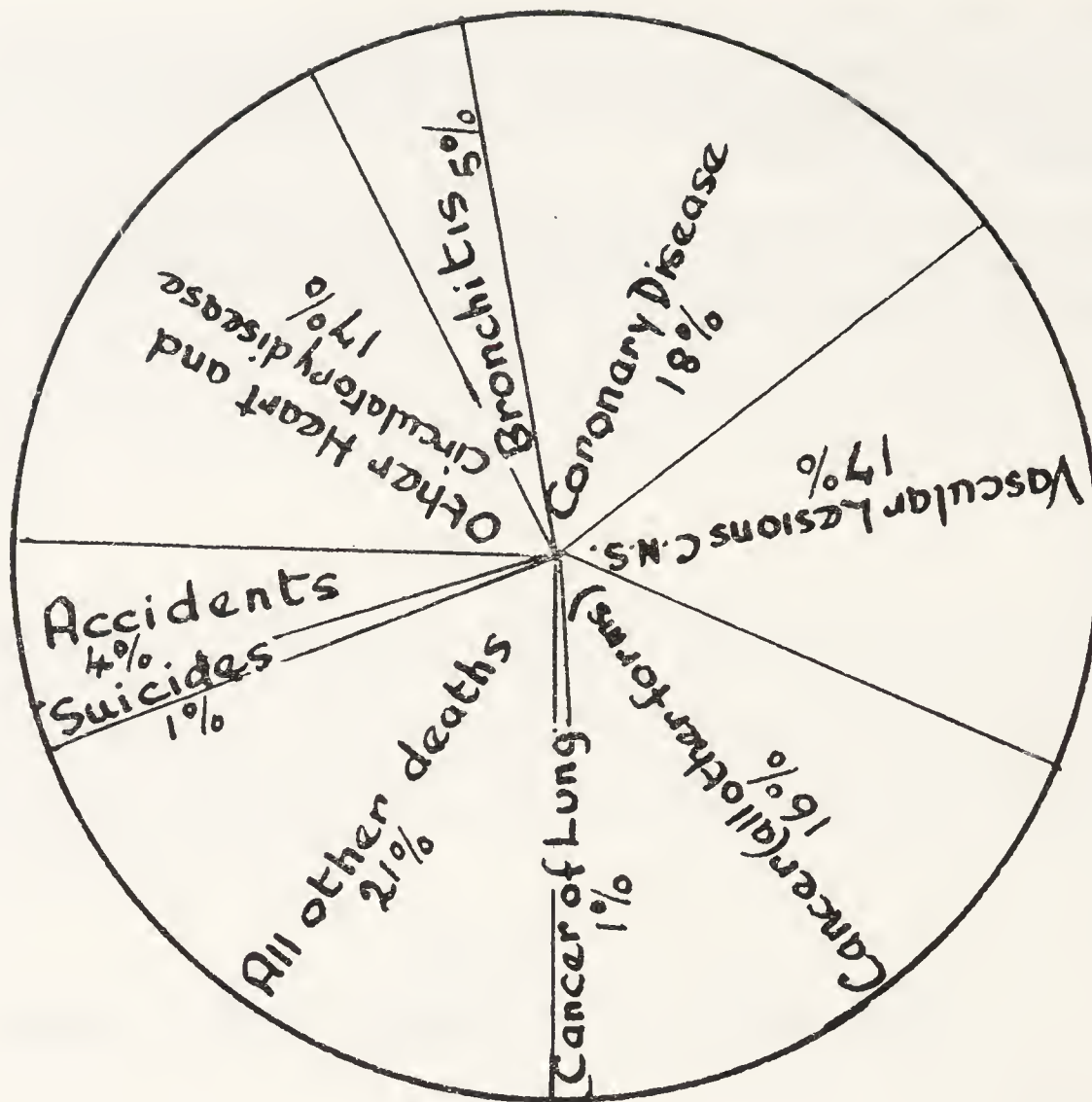
Amongst the 142 women of working age who died cancer (all forms) accounted for 48 or 34% of the total, whilst coronary disease took toll of 17 or 12%. 67% of all deaths occurred in persons 65 years of age or more.

PRINCIPAL CAUSES OF DEATH

MALES



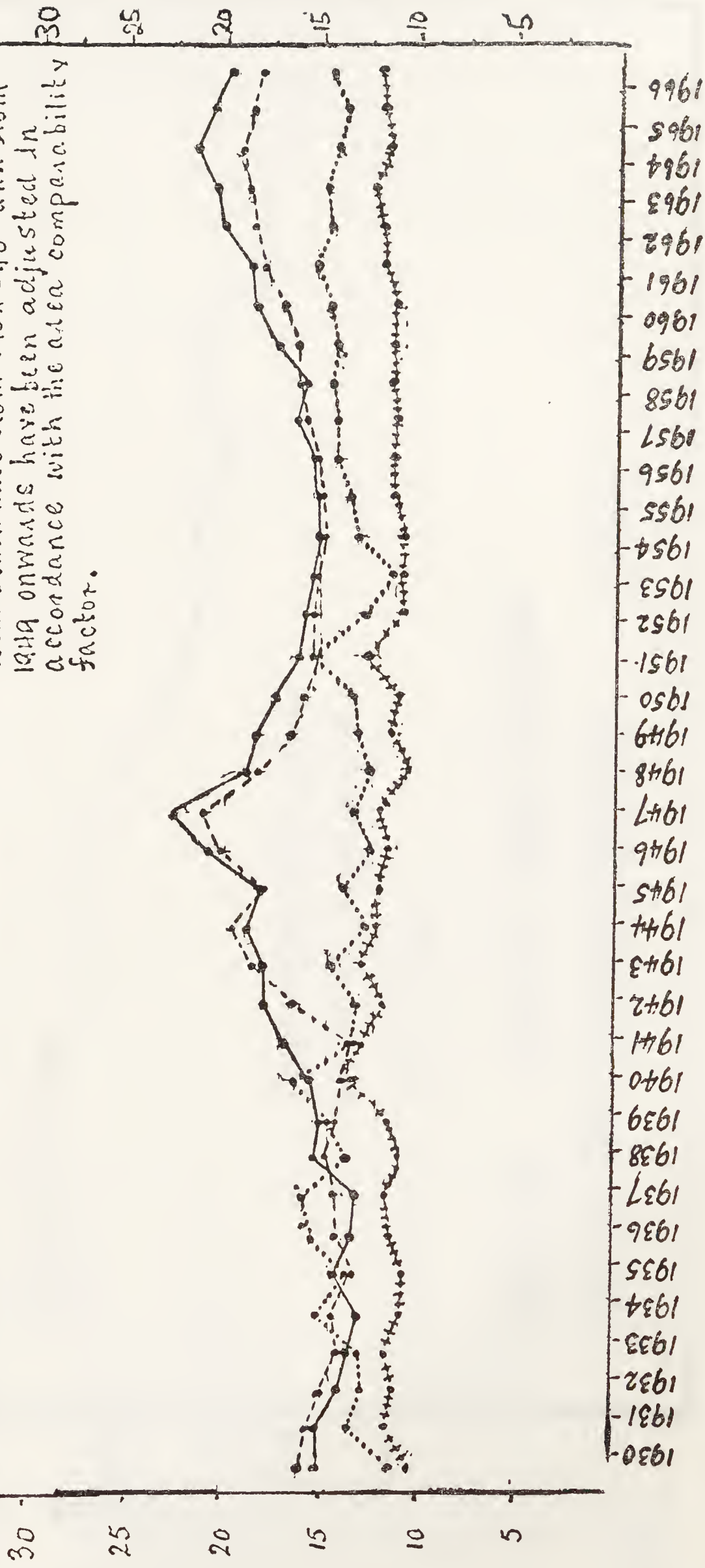
FEMALES



BIRTH and DEATH RATES per 1000 population 1930-1966

BIRTHS — Preston,
England & Wales.
DEATHS Preston,
++++ England & Wales.

The local birth rate from 1949 and the
local death rate from 1930-40 and from
1949 onwards have been adjusted in
accordance with the area comparability
factor.



DEATHS FROM CORONARY DISEASE. — Preston.

1952-66 — Rates per 1000 population.

— Total deaths.

- - - Male deaths - under 65 years.

..... Female deaths - under 65 years.

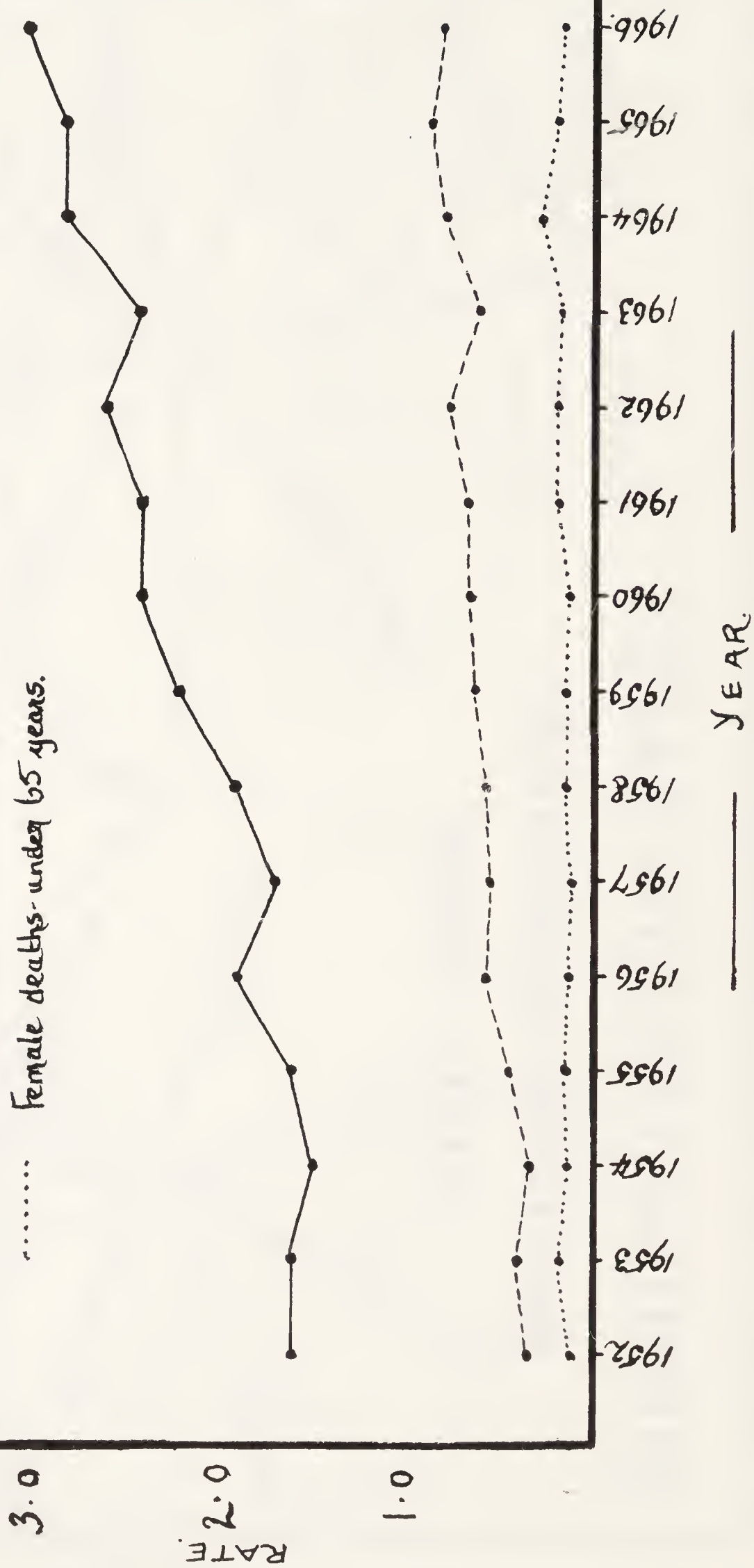


Table 3.

Causes of Death—arranged according to sex and age.

	0— M. F.	1— M. F.	5— M. F.	15— M. F.	25— M. F.	35— M. F.	45— M. F.	55— M. F.	65— M. F.	75— M. F.	Total M. F.
1. Tuberculosis, respiratory ...	—	—	—	—	—	—	1	3	1	1	6
2. Tuberculosis, other ...	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ...	—	—	—	—	—	—	—	—	2	—	2
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic disease ...	—	—	—	—	—	—	—	—	—	—	—
10. Malignant, neoplasm, stomach ...	—	—	—	—	—	1	1	6	9	2	19
11. " " lung, bronchus	—	—	—	1	—	1	6	—	26	3	61
12. " " breast	—	—	—	—	—	1	—	4	—	1	23
13. " " uterus	—	—	—	—	—	1	—	3	—	—	12
14. Other malignant and lymphatic neoplasm ...	—	—	—	—	—	2	7	16	16	18	56
15. Leukaemia, aleukaemia ...	—	—	1	1	—	1	1	—	3	1	6
16. Diabetes ...	—	—	—	—	—	—	2	—	—	2	4
17. Vascular Lesions of nervous system	—	—	—	—	—	3	4	6	23	34	70
18. Coronary disease, angina ...	—	—	—	—	1	7	17	15	73	42	201
19. Hypertension with heart disease ...	—	—	—	—	—	—	1	1	3	4	7
20. Other heart disease ...	—	—	—	—	1	3	1	7	13	12	31
21. Other circulatory disease ...	—	—	1	—	—	—	3	2	8	9	24
22. Influenza ...	1	—	—	—	—	—	—	1	2	1	5
23. Pneumonia ...	3	1	—	—	—	1	2	4	6	4	21
24. Bronchitis ...	—	1	—	—	—	1	6	12	28	17	65
25. Other diseases of respiratory system	—	—	—	—	—	1	2	1	2	3	8
26. Ulcer of stomach and duodenum ...	—	—	—	—	—	—	2	—	3	2	5
27. Gastritis, enteritis and diarrhoea ...	1	—	—	1	—	1	—	2	—	1	3
28. Nephritis, nephrosis ...	—	—	—	—	—	1	—	—	3	—	4
29. Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	1
30. Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations ...	5	—	—	—	—	—	1	—	—	—	6
32. Other defined and ill-defined diseases ...	13	1	—	—	1	—	3	4	9	5	36
33. Motor vehicle accidents ...	—	1	—	4	1	1	—	4	1	2	13
34. All other accidents ...	4	—	—	6	1	—	1	2	4	2	20
35. Suicide ...	—	—	—	2	—	1	—	2	3	—	8
36. Homicide and operations of war ...	—	—	—	—	1	—	—	—	—	—	2
TOTALS ...	26 46	3 5	2 5	15 17	5 7	20 37	59 92	159 247	238 432	161 501	688 1389

Table 4.
Deaths in Hospitals and Institutions.

						M	F	Total
Preston Royal Infirmary...	...	...	...	...	...	155	94	249
St. Joseph's Hospital	...	...	...	...	...	15	44	59
Ribbleton Hospital	...	...	...	...	...	4	2	6
Deepdale Hospital ...	...	...	...	...	...	25	7	32
Willows Convalescent Home	...	...	...	...	...	5	2	7
Sharoe Green Hospital	...	...	...	...	...	96	114	210
Hospitals, other, outside the area	...	...	...	...	...	36	43	79
Total ...						336	306	642

The figure of 642 deaths in hospitals and institutions represents 46.22% of the total deaths.

Table 5.
Comparative Annual Numbers and Rates of Births and Deaths.

Year	Population	No. of Births	Rate per 1,000 Living	No. of Infant Deaths	Infant Mortality	Maternal Mortality		Rate per 1,000 Births	Total No. of Deaths	Rate per 1,000 Living
						Diseases and Accidents P.F.	Others			
900-04	115,048	3,375	29.34	664	197	5	12	5.04	2,178	18.93
905-09	117,106	3,207	27.39	516	161	3	11	4.37	1,934	16.51
910-14	118,137	2,804	23.73	423	151	2	10	4.28	1,926	16.30
915-19	119,497	2,174	18.19	268	123	3	5	3.68	1,845	15.44
1920	122,133	2,984	24.43	301	101	9	13	7.37	1,659	13.60
1	119,900	2,811	23.44	316	112	7	8	5.34	1,595	13.30
2	120,900	2,482	20.53	242	97	3	9	4.83	1,662	13.75
3	121,700	2,426	19.11	238	98	3	8	4.54	1,676	13.77
4	123,100	2,328	18.91	225	97	5	8	5.58	1,714	13.92
5	122,900	2,174	17.69	286	131	6	7	3.22	1,787	14.54
6	124,200	2,160	17.39	195	90	8	9	7.87	1,596	12.85
7	127,100	1,892	14.88	206	109	3	6	4.77	1,785	14.04
8	127,100	1,916	15.07	175	91	3	9	6.27	1,614	12.69
9	126,100	1,967	15.60	205	104	4	8	6.10	1,772	14.05
1930	126,100	1,975	15.66	145	73	9	4	6.59	1,554	12.24
1	120,100	1,881	15.66	165	88	5	5	5.32	1,661	13.83
2	118,500	1,764	14.89	149	84	4	6	5.67	1,547	13.05
3	117,800	1,720	14.60	150	87	4	3	4.07	1,577	13.39
4	117,490	1,670	14.24	115	69	6	14	11.97	1,611	13.79
5	116,200	1,742	14.99	140	80	3	5	4.59	1,578	13.49
6	115,200	1,663	14.43	138	83	7	8	8.60	1,624	14.43
7	113,600	1,590	14.00	123	77	2	2	2.40	1,614	14.23
8	113,200	1,766	15.60	125	71	3	—	1.62	1,473	13.01
9	112,800	1,713	15.19	100	58	2	4	3.34	1,535	13.61
1940	108,500	1,711	15.77	157	91	2	10	7.03	1,745	13.88
1	111,490	1,925	17.27	137	71	3	4	3.47	1,543	13.84
2	110,000	1,968	17.89	107	54	2	4	2.94	1,506	13.69
3	109,100	1,952	17.89	132	68	2	2	1.98	1,624	14.89
4	108,190	2,032	18.78	120	59	—	1	0.48	1,386	12.81
5	108,480	1,949	17.97	99	51	1	—	0.51	1,514	13.96
6	114,070	2,380	20.86	134	56	—	4	1.68	1,438	12.61
7	116,520	2,574	22.09	178	69	1	—	0.32	1,578	13.54
8	118,130	2,219	18.78	86	39	1	—	0.44	1,491	12.62
9	119,500	2,170	18.16	94	43	1	—	0.45	1,469	12.29
1950	120,300	2,101	17.46	68	32	—	—	—	1,550	12.88
1	118,100	1,962	16.61	68	35	—	3	1.49	1,816	15.38
2	119,200	1,960	16.44	63	32	—	—	—	1,453	12.19
3	118,900	1,914	16.10	63	33	—	4	2.04	1,354	11.39
4	118,400	1,823	15.40	50	27	—	1	0.54	1,407	11.88
5	117,400	1,832	15.60	53	29	—	2	1.07	1,459	12.43
6	117,200	1,843	15.73	55	30	—	1	0.53	1,449	12.36
7	116,200	1,933	16.64	67	35	—	2	1.01	1,445	12.44
8	115,100	1,864	16.19	58	31	—	—	—	1,457	12.66
9	114,200	1,964	17.20	63	32	—	2	1.00	1,409	12.34
1960	113,460	2,023	17.83	64	32	—	1	0.49	1,448	12.76
1	113,170	2,037	17.99	69	34	—	—	—	1,506	13.31
2	112,130	2,210	19.71	64	29	—	—	—	1,421	12.67
3	111,670	2,070	18.54	57	27	—	—	—	1,432	12.82
4	110,390	2,152	19.49	53	25	—	—	—	1,370	12.41
5	109,030	2,031	18.63	51	25	—	—	—	1,338	12.27
6	107,400	1,956	18.21	46	23	—	—	—	1,389	12.93

* 5 year averages

Mr. F. J. Ford, Manager, Ministry of Labour, Preston, has supplied the following comments, for which I am grateful.

Employment Situation.

The percentage unemployed locally at December, 1966 was 1.6% compared with 2.1% for the North Western Region and 2.4% as a national figure.

A shortage of skilled workers (particularly in engineering) persisted during 1966 and most firms in the area, with the exception of those in the cotton industry, have been fully employed.

Towards the end of the year redundancies occurred at six local cotton mills and whilst the majority of the workpeople affected were quickly absorbed into alternative employment the redundancies contributed to an increase in unemployment during November and December. In addition some short-time working occurred in textiles in December affecting about 1,300 employees.

Employment Services.

6,553 persons were placed in employment during the year, a decrease of 506 on 1965. The Professional and Executive Register at Preston filled 130 senior posts, the same number as in the previous year.

The Ministry's Disablement Resettlement Officers at Preston succeeded in placing 532 disabled persons in employment. Co-operation was maintained with local hospitals and during the year 36 disabled persons were allocated to Rehabilitation or Training Centres.

The Nursing Employment Officer continued to assist hospitals in the area to meet their demands for nursing staff and helped nursing staff with employment problems.

In addition to administering the Redundancy Payments Act over a large part of Lancashire the Preston Employment Exchange now also administer the new Selective Employment Payments Act over the same area.

The Ministry's Local Advisory Committees met regularly during the year. The Local Employment Committee (Chairman Mr. A. Cunliffe) considered and advised on various aspects of employment and training. The Disablement Advisory Committee (Chairman Mr. E. Clayton) considered and advised on problems concerning resettlement of the disabled.

The following table shows the Monthly Unemployment Register for 1966:

Table 6.
Monthly Unemployed Register, 1966.

1966	Men	Women	Boys & Girls	Total	Temp. Stopped included in total	%
January ..	828	305	55	1188	2	1.3
February ..	715	252	48	1015	6	1.2
March ..	742	236	40	1018	—	1.2
April ..	724	239	49	1012	3	1.2
May ..	663	233	42	938	—	1.1
June ..	614	195	37	846	7	1.0
July ..	637	188	79	904	—	1.0
August ..	705	199	153	1057	—	1.3
September ..	756	424	121	1301	326	1.5
October ..	804	215	74	1093	27	1.2
November ..	1023	370	169	1562	332	1.9
December ..	945	319	83	1347	20	1.6

Mr. Richardson, the Youth Employment Officer, has furnished the following figures in regard to the number of young persons who were unemployed during the year.

Table 7.
**Number of Young Persons Unemployed
in 1966 and the previous year.**

Month	Boys		Girls		Total	
	1966	1965	1966	1965	1966	1965
January ...	26	32	18	19	44	51
February ...	26	18	9	24	35	42
March ...	23	36	10	15	33	51
April ...	32	53	5	14	37	67
May ...	27	28	11	13	38	41
June ...	26	27	5	8	31	35
July ...	18	19	13	14	31	33
August ...	62	52	37	42	99	94
September ...	60	63	25	22	85	85
October ...	37	37	19	14	56	51
November ...	50	42	48	10	98	52
December ...	37	33	21	24	58	57

General Provision of Health Services for the Area

1. MATERNAL AND CHILD HEALTH.

Statistics.

1,956 live births and 39 stillbirths were registered during the year.

Domiciliary midwives notified 26.54% of the total births, 50.76% were notified from Sharoe Green Hospital and 17.98% from Preston Royal Infirmary.

Investigation of Social Conditions.

182 patients were referred by Sharoe Green Hospital and Preston Royal Infirmary with the request that their social conditions be investigated with a view to confinement within the home. Of these, arrangements for domiciliary confinement was possible in 109 cases.

The investigations in 55 cases were those of immigrants who resist confinement at home on the grounds of racial custom. In all cases the husbands had to be interviewed and the situation explained to them.

Puerperal pyrexia. 9 cases were notified during the year and 8 of these came from Hospitals.

Stillbirths. Total number notified, 38.

Source of notification—

Sharoe Green Hospital...	...	...	...	...	20
Preston Royal Infirmary	...	...	...	...	11
St. Joseph's Hospital	...	...	...	...	—
Domiciliary practice	...	...	...	...	6
St. Mary's Hospital, Manchester	...	...	...	...	1
Unattended births—local Registrar	...	...	...	...	—

The stillbirth rate of 19.55 per 1,000 related births showed a slight increase from the rate of 18.36 that applied in 1965 and compares with the rate of 15.4 for England and Wales.

<i>Infant deaths</i>	Preston	England and Wales
Total number of deaths of infants under the age of one year	46	
Infant mortality rate per 1,000 live births	23.52	19.0
Number of deaths of infants under one month old	30	
Neo-natal mortality rate per 1,000 live births	15.35	12.9
Peri-natal mortality rate per 1,000 total births	31.08	26.3

Table 8.
Infant Deaths.

Cause of Death (Registrar-General's Abridged List)	AGE AT DEATH																Total		
	Days				Weeks		Months												
	0—		1—6		1—3		1×		2×		4×		6×		9—12				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
22. Influenza 	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
23. Pneumonia 	—	—	1	—	—	—	1	—	—	1	—	1	1	—	1	1	4	3	
27. Gastritis, Enteritis, Diarrhoea	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	
31. Congenital Malformations ..	—	1	2	—	1	3	—	1	1	—	—	—	1	—	—	—	5	5	
32. { Prematurity Asphyxia and Atelectasis . Other defined and Ill-defined causes ..	2	2	3	3	—	—	—	—	—	—	—	—	—	—	—	—	5	5	
	1	3	2	1	1	—	—	—	—	—	—	—	—	—	—	—	4	4	
	—	1	1	—	—	—	—	—	1	—	—	—	1	—	—	—	3	1	
34. All other Accidents	—	—	—	—	2	—	—	—	1	—	1	—	—	—	—	—	4	—	
Total ..	3	7	9	4	4	3	1	2	4	1	1	1	3	1	1	1	26	20	

Premises.

Eight *ad hoc* maternal and child health centres are now available.

Additional sessions are also held at Deepdale and Savick, and weekly sessions commenced at St. Margaret's Church Hall, Ingol on 7th September, 1966.

The accommodation for midwifery remains unchanged.

The Midwifery Service.

The midwifery service has had a challenging year in the face of changing trends and staff upheavals and shortages, with the inevitable increasing pressure of work.

It was decided during the year that progress in ante-natal care had reached the stage when the routine weekly clinics carried out by the medical staff of the local authority could conveniently be replaced and they ceased to operate in August. The basis of ante-natal care is the weekly cumulative sessions with the midwife in attendance on each case working in collaboration with the family doctor and with the personal record card in use by all three practitioners engaged in the care of the mothers.

The aim of the service is to provide high standards of ante-natal care and education combined with safe and efficient home delivery and the care of the mother and baby for the first 14 days after delivery. In addition from the beginning of the year, the midwives have cared for all mothers and babies discharged from hospital until the 14th day and all premature babies until 6 lbs. in weight.

Table 9.
Place of delivery of Preston mothers during 1966.

Place of confinement	Available beds	No. of Preston deliveries
Domiciliary	—	524
Sharoe Green Hospital	53	1,002
Preston Royal Infirmary	50	355
St. Joseph's Hospital	22	79
Maternity homes	—	4
Other hospitals	—	10
Totals	125	1,974

Staffing.

At the end of the year the local supervising authority was aware of 29 midwives practising in the county borough, 20 at Preston Royal Infirmary—these include part-time midwives, 2 at Deepdale Isolation Hospital and 7 including the supervisor in the domiciliary midwifery service. St. Joseph's Hospital ceased to function as a midwifery unit at the end of the year.

Five domiciliary midwives left the service during 1966 and one midwife was on maternity leave at the year end. Two new appointments were made and a third midwife was appointed to commence duties in 1967.

During the year 15 pupil midwives from the Christiana Hartley Maternity Hospital received Part 2 district midwifery training from the hostel at 5 Walton's Parade. All 15 were successful in the Part 2 examination of the Central Midwives Board. There were 5 pupils in training at the end of the year. Five of the domiciliary midwives are approved district teachers.

8 obstetric nurse students from Sharoe Green Hospital each spent $2\frac{1}{2}$ days with the domiciliary service.

Pupils receiving Part 1 midwifery training at Preston Royal Infirmary attended the parentcraft classes.

Care of the Mother.

Where home confinement was appropriate all mothers were encouraged to book the family doctor—there were only 4 exceptions during the year. From September 1st onwards, the seven ante-natal clinics in the borough were staffed by midwives only, carrying out the routine ante-natal care of their own booked patients and maintaining a close liaison with the general practitioner. At the 32nd/34th weeks all mothers not previously seen there are referred to the consultative clinic held at Saul Street each week and attended by the two consultant obstetricians. Any mother who is considered to be obstetrically unsuitable for home confinement at this stage is booked into hospital. The co-operation card is used by midwife, general practitioner and consultant obstetrician. A midwife has also attended the monthly ante-natal clinic held in the surgery of one group practice of doctors.

During the year 846 mothers made 4,481 attendances as against 871 mothers making 4,434 attendances in 1965. 602 expectant mothers attended the consultant clinics for the first time and 193 reattended in 1966.

The night rota scheme continued to operate efficiently with the help of the ambulance service who have accepted and passed over all night midwifery calls to the midwife on duty. This service is greatly appreciated by mothers and midwives alike.

Parentcraft classes have been held weekly at Saul Street Clinic. Discussions, films and demonstrations are organised by the supervisor of midwives for domiciliary booked mothers and for mothers booked at Preston Royal Infirmary.

Nine courses of afternoon and evening sessions each of five weeks duration were held during 1966 comprising:—

1. Talk on conception and growth of foetus.
Film. Nutrition in pregnancy.
2. Film. To Janet a son. Prospective fathers and mothers attend this session together.
3. Practical demonstration of baby bathing.
Films and talks on baby care.
4. Film and discussion on breast feeding.
5. Film and discussion on artificial feeding and weaning.

191 Mothers made 711 attendances. 76 attendances were made by fathers.

Entonox analgesia was administered in domiciliary practice to 11 mothers. Trilene to 385 mothers.

The emergency obstetric unit was called on one occasion. The Oxygenaire apparatus was not used. In addition to the oxygen sparklet resuscitator, the domiciliary midwives are also equipped with Blease/Sampson neonatal resuscitators.

Results.

During 1966 1,974 babies were born to Preston mothers. 524 domiciliary deliveries occurred.

482 were delivered by midwives alone, the remaining 42 were delivered in the presence of a doctor.

It is satisfying to report that no mother died in childbirth during the year. It is now almost seven years since a death occurred and during this time more than 14,000 babies have been born. 39 stillbirths were registered in the year giving a stillbirth rate of 19.55 compared with a national figure of 15.4.

Some 10 babies died within the first 24 hours of life and a further 13 died before reaching the age of one week. The perinatal mortality rate showed a slight increase from that of 30.93 in 1965 to 31.08 in 1966. The England and Wales figure was 26.3.

The graph shows the perinatal mortality rates in Preston since 1951.

Table 10.

Total confinements and distribution of these confinements between hospitals and nursing homes, general practitioners and midwives for eighteen years since 5th July, 1948, and attendances at Corporation clinics.

Year	DOMICILIARY CONFINEMENTS					CLINICS						
	Hospital confinements	Domiciliary confinements	Total confinements	% domiciliary confinements to total	MIDWIVES		MIDWIVES WITH DOCTORS PRESENT		No. of persons who attended	Total No. of attendances at clinics	Average attendance of each person	Ratio of persons attending to total domiciliary confinements
					Number attended	% of total domiciliary confinements	Number attended	% of total domiciliary confinements				
1	2	3	4	5	6	7	8	9	10	11	12	13
1948 (from July)	829	270	1,099	24.57	172	63.7	98	36.3	222	690	3.11	82%
1949	1,639	574	2,213	25.94	350	61.0	224	39.0	777	2,994	3.85	135%
1950	1,669	487	2,156	22.59	323	66.3	164	33.7	602	2,798	4.53	124%
1951	1,530	454	1,984	22.88	302	66.5	152	33.5	620	3,023	4.88	137%
1952	1,511	508	2,019	25.16	321	63.3	186	36.7	667	3,311	4.97	132%
1953	1,454	548	2,002	27.37	424	77.6	122	22.4	770	3,891	5.05	141%
1954	1,422	487	1,909	25.50	366	75.2	120	24.7	712	3,793	5.16	146%
1955	1,527	350	1,877	19.18	297	84.9	52	14.9	727	3,593	4.94	208%
1956	1,526	373	1,899	19.64	310	83.1	63	16.9	670	3,142	4.69	180%
1957	1,641	391	2,032	19.24	354	90.5	37	9.5	758	3,451	4.55	194%
1958	1,442	471	1,913	24.62	425	90.2	46	9.8	747	3,981	5.33	158%
1959	1,486	551	2,037	27.05	506	91.8	43	7.8	934	5,050	5.41	170%
1960	1,457	603	2,060	29.27	554	91.9	44	7.3	973	5,076	5.20	161%
1961	1,548	585	2,133	27.42	521	89.7	60	10.3	1,026	5,695	5.55	175%
1962	1,558	713	2,271	31.39	605	85.2	105	14.8	1,167	6,546	5.61	164%
1963	1,481	638	2,119	30.11	557	87.3	81	12.7	1,088	6,174	5.67	170%
1964	1,555	638	2,193	29.09	556	87.1	82	12.9	1,068	5,825	5.45	167%
1965	1,545	542	2,087	25.97	495	91.3	47	8.7	871	5,160	5.92	161%
1966	1,450	524	1,974	29.54	408	93.0	49	8.0	840	5,070	6.00	220%

PERINATAL MORTALITY RATES, 1951-66

Cervical Cytology.

After considerable delay associated with the provision of laboratory facilities, a service for the routine examinations of cervical smears was established in April. The work is under the charge of Dr. Carroll who carries out the clinical examinations and the examination of the smears is carried out at the laboratories of the Preston Royal Infirmary and the Christie Hospital, Manchester.

At the end of the year two sessions were being conducted weekly by Dr. Carroll.

Initially few women in social classes 4 and 5 attended and the number of pathological conditions other than cancer was higher than anticipated. This was possibly due to the attendance of women conscious of some ailment for which they had not sought treatment from their family doctor, or were dissatisfied with the treatment they had received. Latterly the ratio of pathological lesion to numbers attending has declined and this suggests that women are now attending for the specific purpose for which the service was established.

Patients attending are given some knowledge of the purpose and reasons for routine testing and a printed note is handed to each woman setting out the facts relating to cervical cancer. It is hoped in this way to dispel much of the anxiety, misapprehension and misunderstanding that prevails.

It is clear that the facilities provided are meeting a public demand which is continuing beyond the period of initial publicity impact.

Data relative to the service for the nine months in 1966 during which it was in operation are set out below.

Table 11

					Under 25	25-29	30-34	35-39	40-44	45-49	50 & over	Total
Age					10	54	170	148	110	65	33	590
Single	..	..	..	..	1	—	2	2	2	—	1	8
Married	..	..	..	..	9	54	168	146	108	65	32	582
Social Class	1	..	..	..			1	1	1	1	1	5
	2	..	..	..		3	14	13	13	4	3	50
	3	..	..	..	5	42	115	87	60	39	18	366
	4	..	..	..	4	5	29	31	25	12	5	111
	5	..	..	..	1	4	11	11	7	6	—	40
not known	..	..	..	..				5	4	3	6	18
Findings on Examination												
Normal	..	..	..	..	4	28	109	104	72	44	23	384
Abnormal—Gynaecological	..	..	..	..	4	13	38	20	29	8	5	117
Cancerous	..	..	..	..				2			1	3
Infections	..	..	..	..	3	13	27	22	13	15	4	97
Gynaecological Conditions												
Chronic cervicitis & erosions..					4	13	35	16	20	5	1	94
Cervical Polypus	..	..	..	..			3	3	6	2	3	17
Fibroids	..	..	..	..					3			3
Prolapse	..	..	..	..			—	1	—	1	1	3
Infections												
Trichomonas Vaginitis	..	..	..	..	3	8	13	14	6	14	3	61
Monilia	..	..	..	..					2			2
Leptothrix	..	..	..	..						1		1
Non-specific	..	..	..	..		5	14	8	5		1	33
Parity												
0	..	..	..	..	2	1	5	5	5	3	3	24
1	..	..	..	..	3	7	19	16	20	7	9	81
2	..	..	..	..	2	21	50	42	17	17	5	154
3	..	..	..	..	1	12	44	31	18	19	7	132
4	..	..	..	..	2	6	22	17	19	6	1	73
5	..	..	..	..		1	16	23	11	6	2	59
6	..	..	..	..		3	8	6	6	6	4	33
7 ×	..	..	..	..		3	6	8	14	1	2	34
												590

Table 12.																
Abnormalities		A=Gynaecological Conditions								B=Infections						
Parity	Under 25		25-29		30-34		35-39		40-44		45-49		50 & over		Total	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
0	1	1		1		1			1				1		3	3
1	1		1	1	4		1	6	3	4	1	1	1	2	12	14
2		1	2	5	11	10	7	6	6		2	1	1	2	29	25
3			5	3	11	4	3	6	8	3	2	6	2		31	22
4	2	1	2	2	6	4	4	1	4	3	2	2			20	13
5			1		4	1	6	2	4				1		16	3
6				1	1	2		1	1		1	4			3	8
7×			2		1	5	1		2	3		1			6	9
	4	3	13	13	38	27	22	22	29	13	8	15	6	4	120	97

Family Planning.

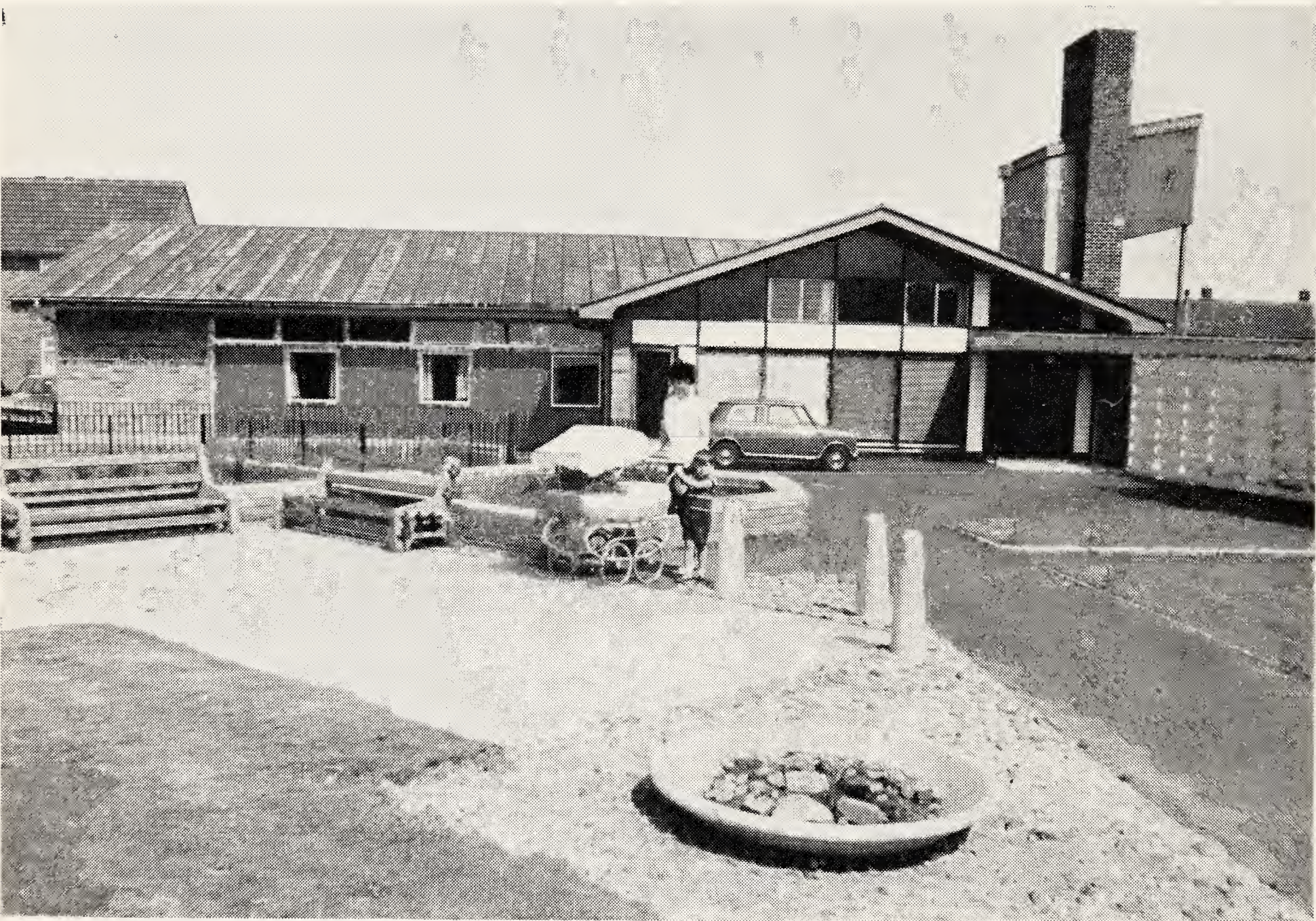
Informal help and advice have been given to the voluntary association since its formation in 1950, but in 1965 when it was faced with the problem of finding new premises the Council agreed to make the necessary provision without charge at the new Avenham Clinic. Three sessions per week were originally planned, the first being held in October, 1965. A fourth weekly session was introduced in August, 1966.

The Corporation provides the full non-professional services and equipment including heating, lighting, cleaning and telephone. The association provides the professional staff and a band of willing voluntary workers undertaking clerical and supervisory duties.

Where in the opinion of the medical officer services, including supplies, should be provided without charge to any woman to whom pregnancy would be detrimental to health, the association makes such provision on behalf of the local authority.

The Preston Family Planning Clinic has done sterling work in Preston for 16 years and is well equipped to meet the rapidly expanding demand for its services. The liaison with the local authority is a close and friendly one. In consequence further expansion of the service to the population on the same lines is taking place.





LEAVING THE INFANT WELFARE CLINIC—BROOKFIELD HEALTH CENTRE

The Child Health Service.

Notification of congenital defects apparent at birth.

45 congenital deformities, including 5 in stillbirths, were notified by midwives during 1966. Some indication of the efficiency of the ante-natal service with its selection of cases for hospital is apparent inasmuch as only 7 of these defects occurred amongst home deliveries that accounted for 26% of all births. All such children are kept under supervision as long as is necessary.

Clinics.

Since the experimental work in 1964 on the assessment of infant development the system has been extended over all the clinics and the revised record card is in use. This reorientation of work based on developmental paediatrics links well also with the observation of children born "at risk" and after three years of practical experience it is apparent that this approach to the medical supervision of all children is sound and fruitful of beneficial results.

The provision of interview rooms in the new health centres has given health visitors a better opportunity of giving advice to individual mothers on the management of infants and on immunisation. It enables the mother to consult the health visitor on matters on which hitherto she had seen the doctor, matters on which the modern health visitor is well able to advise.

The special observation of children born "at risk" has gone well but it has become apparent that a system of selection involving in practice 20% of the infants born is unrealistic and a revision of the criteria meriting the inclusion of children in our observation register has been carried out. At the end of 1966, 345 children were on the observation register.

Table 13.
Toddlers' Clinics, 1966.

Clinic	No. invited	No. who attended		No. referred for specialist treatment	No. referred for observation
Brookfield	238	116	48.3%	3	3
Greenbank	250	120	48.0%	1	4
Cuttle Street	175	69	39.4%	—	—
Deepdale	182	102	56.1%	9	11
Ribbleton	237	104	43.8%	2	1
Waltons Parade	211	99	46.8%	2	6
Tulketh Road	268	100	37.3%	7	5
Saul Street	214	76	35.5%	8	3
Avenham	175	104	59.4%	4	8
Totals ..	1,950	890	45.6%	31	41

Equally the maintenance of a register of handicapped pre-school children set up in 1963 as an extension of the corresponding register of school children is of value in keeping such children in the forefront of planning especially for their future educational needs.

Special sessions continue to be held for the examination of toddlers from two years upwards. Attendance at these is by appointment. It will be seen from Table 00 that less than 50% of those invited actually attend. Priority is given to children still on special observation or handicapped or to those who have never previously visited the clinic. In these cases every endeavour is made to secure co-operation.

Welfare Foods.

National dried milk, orange juice, cod liver oil and vitamin A and D tablets were sold at the welfare foods' centre at Saul Street clinic and at the nine child health centres in the town. The following table shows the quantities distributed:—

	<i>National dried milk</i>	<i>Orange juice</i>	<i>Cod liver oil</i>	<i>A & D</i>
Welfare Foods Centre Saul St.	3,747	7,470	443	1,070
Child Health Centres	3,756	12,960	1,291	776

In addition proprietary brands of dried milk, cereals, rose hip syrup and other nutrients are sold to mothers who attend, with their infants, at the child health centres.

During the year food to the value of £9,152 was sold. The supply of free nutrients cost the Council £52.

Day Nurseries.

The number of places in the nurseries has remained the same, 60 for children under two years and 83 for those from two to five years. There has been a 4.6% drop in the number of attendances, mostly at Hartington Road and Isherwood Street. The latter had an early measles epidemic immediately after the summer holiday, which did not die out until December, but the main reason for the drop was the shorter working week. Some of the mills were working only alternate weeks and others a three or four day week. In some cases fathers became redundant or were on short time and the children stay out if one parent is at home for the odd day and so save nursery fees.

The numbers on the register have remained much the same over the year, but the waiting list has increased. Hartington Road now has the longest list and for this reason, the car service between Eldon Street and Hartington Road ceased to function at the beginning of the year. The average age of the children in the nurseries has risen as there are now fewer children on the register under one year; there seems to be no apparent reason for this.

The number of short stay admissions has more than halved in each nursery. These are usually children whose mothers have gone into hospital temporarily, and a vacancy is always found for them. There is a small reduction in the total number of children in the nursery on social grounds during the year, but a 22% increase in those remaining on the register on December 31st. There has been a corresponding reduction in the number of children on reduced fees, from 102 to 93, the fees varying from 6d. to 9/6d.

The number of handicapped children being admitted is increasing and both the mother and the child benefit, the one by the sharing of her problems and the other by the opportunity for companionship. It is not always possible to accede to requests for such children to be admitted, as facilities are obviously limited and the care of the other children in the nursery must not suffer.

Family grouping is now well established at both Hartington Road and Isherwood Street, and is a great improvement on the old method of running the nurseries in age groups. The children are grouped in "families" of seven or eight, their ages ranging from one to four years, each in the charge of a member of staff. Each family eats and sleeps together and for most of the day follows its own pursuits, but at times when the whole room is needed for some activity, the three families in it unite. It is only possible to have a very modified form of family grouping at Eldon Street due to lack of space.

Throughout the year the nurseries have co-operated well with other social workers, especially the health visitors, who refer the majority of the priority cases and with the children's department, medico and social workers, police and N.S.P.C.C. inspectors.

In addition to the practical training of their own students, the nurseries have continued to provide facilities for other training establishments. The student health visitors doing their practical training in Preston spend a few days in the nurseries, as do the students from the Harris College doing the Child Care Course. The summer vacation always sees at least one student teacher spending a week or two with the children and gaining knowledge for a thesis. There is an increasing demand from schools for children to visit, but numbers sometimes have to be limited.

Table 14.
Summary of Statistics, 1966.

	Eldon St.	Harting- ton Rd.	Isher- wood St.	Total
Attendances	9,755	10,512	11,800	32,067
New children admitted...	34	56	70	160
Children left	32	56	69	157
On Register—				
January 1st	47	54	62	163
December 31st ...	49	54	58	161
On Waiting List—				
January 1st	34	32	32	98
December 31st ...	37	43	32	112
INFECTION :				
Measles	17	10	29	56
Rubella	—	2	—	2
Chicken Pox	1	—	2	3
Whooping Cough ...	—	—	—	—
Mumps	6	2	1	9
Dysentery	1	—	—	1
Scarlet Fever	—	3	1	4
Gastro-Enteritis ...	1	—	—	1
Hepatitis	—	—	—	—
Influenza	—	—	—	—

Table 15.
Children attending the day nurseries on Social Grounds 1966.

	On register on December 31st, 1966	On register at any time during 1966 (including previous column)
Parents separated or divorced	22	59
Mother widow	2	2
Father widower	—	1
Mother unmarried	32	48
Mother in hospital or ill	4	17
Father in hospital	—	—
Father in Prison	2	2
Father continually unemployed	1	2
Poor housing conditions	18	48
Children with speech defects	1	1
Children physically handicapped	9	10
Maladjusted children or parents	12	14
Any other reason	9	9
Total	112	213

Number of 'short stay' children admitted during the year 23

Nursery Nurses' Training Scheme.

All three nurseries are recognised by the Ministry of Health as training nurseries for the purpose of training for the National Nursery Examination Board certificate, and sixteen girls were in training throughout the year. The students now have to be sixteen years of age when the course begins. They come from a variety of backgrounds, from schools both inside and outside the borough, and some have already been working for a year or two. Almost all now have some G.C.E. subjects and there are facilities at Alston Hall Day Continuation College, where they spend two days a week, for them to take further subjects. The course is run in conjunction with the Education Department and there is an interchange of students between the day nurseries and the nursery school wings providing the practical training. On one day at college they take general subjects and on the other day they deal with matters pertaining to the development and care of the children. Their lectures are at times replaced by visits of interest, the one most enjoyed being a morning spent with a health visitor towards the end of their training.

Six students sat for the final of the National Nursery Examination Board and together with six from the Education Department and two from Dr. Barnardo's Nursery at St. Annes they achieved a 100% pass. Two of these students then went into the army to do their general nursing training with the Q.A.R.A.N.C., one went into hospital to train, two went to Sunshine Homes for the Blind, one became a private nanny, two went into the Day Nurseries, three to nursery wings and one got married; one took up other work. The Dr. Barnardo's students do a third year in one of their own nurseries.

Health Visiting.

There were 26 whole time Health Visitors, two part time Health Visitors, one Superintendent and one Deputy Supt. on the staff at the beginning of the year. This was a staff situation more in keeping with the demands of the work within the Section, but as the year ensued this position deteriorated as there were five resignations and one whole time Health Visitor transferred to part time duties.

In September, four newly qualified health visitors, trained under the corporation's assisted training scheme, joined the staff and, whilst this eased the situation a little, one must bear in mind that although qualified they were without experience and were taking the place of health visitors who between them had 22 years experience with this authority.

The pressure of work on the staff of the section increases with the diversity of duties and the complexity of problems relating to immigrants, break-up of families, homeless families and the child at risk. In many cases the type of visit is very consuming of time and frequently means the involvement of other sections of the department and outside agencies. The encroachment of this aspect of the work leaves less time for the routine and less complex duties, which nevertheless are very important.

Commonwealth Immigrants—Long Stay.

Health Visitors continued the follow-up of long-stay immigrants. The number coming into the town was fewer than the previous year—100 (1965--144) but the visits paid totalled 363 in an effort to trace them.

Commonwealth Immigrants—Pre-School.

At the end of the year there were records of 791 children of pre-school age, 241 being under the age of one year. Visiting parents of these children is a marathon task because of language difficulties and also because they are not conversant with our methods and way of life. Progress is made however, by the help of husbands who usually speak some English and by a few more educated women who do speak English and willingly act as interpreter.

Diabetic After-care.

A diabetic after-care service was started on 21.2.1966 in conjunction with the diabetic clinic at Sharoe Green Hospital. A health visitor attends the clinic, discussing problems with new and old patients and consulting with the doctor and the dietitian about treatment and diet.

The health visitor also pays visits to the homes of the patients. A total of 225 visits were paid by her. When the service was started there were some 97 non-attenders about whom the consultant was concerned. All these were visited and at the end of the year only four of the 97 had failed to attend. The health visitor has, where necessary, been in contact with the family doctor. The service is now well established and is serving a very useful purpose.

Cases Visited by Health Visitors.

							<i>No. of cases</i>
1. Children born in 1966	...	...	...	...	...	...	1,923
2. Children born in 1965	...	...	...	...	...	...	1,888
3. Children born in 1961-64	...	...	...	...	...	...	5,424
4. Total number of children in lines 1-3	...	...	...	...	...	...	9,235

5. Persons aged 65 or over	...	...	...	...	...	...	1,219
6. Number included in line 5 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	70
7. Mentally disordered persons	...	...	...	...	...	...	8
8. Number included in line 7 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	1
9. Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	...	...	...	...	...	...	158
10. Number included in line 9 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	155
11. Number of tuberculous households visited	...	...	...	...	...	...	342
12. Number of households visited on account of other infectious diseases	...	...	...	...	...	...	643

Care of Premature Infants.

Table 16 shows the number of children born prematurely and their survival state up to 28 days after birth.

Table 16. Premature Infants Survival State.					
Birth Weight	Died within 24 hrs. of birth	In 1 & under 7 days	In 7 & under 28 days	Survived 28 days	Total
Babies born at home or in a nursing home and nursed entirely at home or in a nursing home—					
2 lbs. 3 ozs. or less	—	—	—	—	—
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	—	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	2	2
5 lbs. to 5 lbs. 8 ozs.	—	—	—	11	11
Total	—	—	—	13	13
Babies born at home and transferred to hospital—					
2 lbs. 3 ozs. or less	1	—	—	—	1
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	2	2
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	1	1
5 lbs. to 5 lbs. 8 ozs.	1	—	—	1	2
Total	2	—	—	4	6
Babies born in hospital—					
2 lbs. 3 ozs. or less	3	1	1	1	6
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	1	5	1	10	17
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	1	—	—	20	21
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	1	31	32
5 lbs. to 5 lbs. 8 ozs.	1	1	—	75	77
Total	6	7	3	137	153
GRAND TOTALS	8	7	3	154	172

Lectures.

HOSPITAL STAFF.

Lectures to Student Nurses at Brindle Lodge and to those in their third year of training at Preston Royal Infirmary were continued—a total of 18 lectures were given. Six students spent a half day each paying domiciliary visits with a health visitor. This is particularly useful at this stage as the students are ready to appreciate the influence of home background in relation to the recovery of the patient.

HARRIS COLLEGE.

STUDENTS TAKING THE HOME OFFICE CHILD CARE COURSE.

A two year course of training commenced in January at the Harris College—10 students taking part. A request was made for an insight into the work of the health department and all 10 students attended for 10 sessions each spread over a period of 10 weeks.

LONDON UNIVERSITY DIPLOMA IN SOCIAL STUDIES.

Eight Students taking the above course at the Harris College and their tutor visited Avenham Health Centre in February when a talk on the work of the health visitors section was given by a senior member of the health visiting staff.

TRAINING FOR TEACHERS OF THE MENTALLY HANDICAPPED.

Students taking this two year course at the Harris College spent a day at Hartington Road Day Nursery where they were given the opportunity to observe the normal child.

STUDENT HEALTH VISITORS.

Student Health Visitors undergoing training at Bolton Institute of Technology attended the section throughout three terms for the purpose of practical instruction and observation. Also one student health visitor taking the training at London University spent one week in the section.

SCHOOLS.

PARK SCHOOL.

A group of 10 senior girls were given a talk at Avenham Health Centre on present day services for the mother and child and were given an opportunity of looking around the Centre.

A further group of 14 girls paid visits to Wilson House and Ashton Hotel.

ASHTON-ON-RIBBLE COUNTY SECONDARY SCHOOL.

Arrangements were made for 21 senior girls to visit Health Centres, Day Nurseries and the Training Centre for the Physically Handicapped as part of their social studies syllabus.

OPEN AIR SCHOOL (E.S.W.).

Seventeen girls spent several sessions throughout the winter term in child welfare clinics. Their chief way of learning is by observation and it was felt that these visits were beneficial.

ST. AUGUSTINE'S UNION OF CATHOLIC MOTHERS.

At an evening meeting a senior member of the Health Visiting Staff addressed an audience of 48 on the welfare services of the Local Authority and showed a number of colour slides.

PRESTON MORAL WELFARE COUNCIL.

The Annual General Meeting of the above Council had this year as their speaker a senior health visitor.

Some of these observation visits/practical training lectures, particularly those relating to Colleges of Technology and Schools are recurring events and everyone appears to be drawing on the same pool, and it may well be that saturation point has been reached. Although such visits are of interest to the staff they are very time consuming and it is becoming increasingly difficult to fit them in and at the same time do justice to the real work of the section.

Parents' Clubs.

The three Parents' Clubs, Avenham, Ribbleton and Greenbank, have continued to flourish, but Ribbleton has the largest membership possibly due to the fact that it is on an estate and the health centre provides a meeting point for the residents.

Each club has held some nine meetings during the year. The programmes have not lacked variety, cookery demonstrations, talks by a probation officer, a horticulturist, a member of the Preston Branch of the Family Planning Clinic, films on sex education and venereal disease. Much discussion has been prompted and this in itself is of great value.



SCREENING OF HEARING

Miscellaneous Services.

Audiology Clinic.

The Audiology Clinic was held at Saul Street in 1966.

The number of children attending was 75. Of these 62 were new cases, of the new cases:—

33 cases were referred by H.V.'s—Failed to pass Routine Screening Tests.

18 cases were referred by A.M.O.H.

8 cases were referred by Paediatrician.

3 cases were referred by E.N.T. Specialists.

No Hearing Loss	0-1	1-5	5-15	Total
<i>Discharged</i>	4	35	1	40
Referred to <i>E.N.T. Specialist</i>				
Hearing Loss	—	7	1	8
Other Causes	—	7	—	7
<i>Referred to G.P.</i>	—	1	—	1
<i>For continued observation</i> ...				
(a) Speech defect	—	7	—	7
(b) Mental retardation ...	1	2	—	3
(c) Other causes	2	7	—	9
Total				<hr/> 75 <hr/>

Of these 75, three children were found to be severely deaf and two were issued with hearing aids, the third recently was recommended for one by the E.N.T. specialist

These three children have been recommended for special educational treatment.

In one case the home was wired and a speech auditory trainer was provided—it was not possible to arrange this service for the other two children due to very difficult home conditions. However, one was placed in Stoneygate Nursery School and the third one attended for regular speech auditory training at Saul Street weekly.

Dental Treatment.

Mr. A. Kershaw, the Senior Dental Officer, has supplied the following report:

“Most patients in this category would appear to be attending their own dental practitioners under the National Health Service.

The Table 17 is a record of the work done."

Table 17							Children 0—4 years	Expectant and nursing mothers
Inspections								
First inspections	..	..	..	..	..	..	22	2
Requiring treatment	..	..	..	..	..	..	10	2
Offered treatment	..	..	..	..	..	..	10	2
Visits								
First	..	..	..	..	..	..	14	1
Subsequent	..	..	..	..	..	..	12	9
Total						..	26	10
Additional Courses of treatment commenced							2	—
Fillings	..	..	..	..	..	..	8	4
Teeth filled	..	..	..	..	..	..	5	4
Teeth extracted	..	..	..	..	..	..	25	13
General Anaesthetics	..	..	..	..	..	..	9	—
Emergencies	..	..	..	..	..	..	11	—
Prophylaxis	..	..	..	..	..	..	—	2
Courses of treatment completed							12	—

Ear, Nose and Throat Clinic.

Facilities for the diagnosis and treatment of ear, nose and throat conditions exist through the clinic run as part of the School Health Service. The following is a summary of the work done for pre-school children:

New cases	...	...	...	...	...	...	16
Re-inspections	...	...	...	...	...	...	15
Referred for:							
Operative treatment	...	...	...	...	...	...	10
Treatment in clinic	...	...	...	...	...	...	2
Observation	...	...	...	...	...	...	17
X-ray	...	...	...	...	...	...	—
Audiometry Test	...	...	...	...	...	...	4
Deaf Aid	...	...	...	...	...	...	2
Treatment:							
Operative	...	...	...	...	...	...	—
Clinic	...	...	...	...	...	...	2
Total attendances	...	...	...	...	...	...	31

Ophthalmic Clinic.

The majority of pre-school children dealt with were seen at the squint clinic. The following is a record of the work done on pre-school children during the year:

Number of children dealt with	...	...	...	77
New cases	...	...	...	42
Refractions	...	...	...	54
Re-inspections	...	...	...	80
Prescriptions given	...	...	...	18
Referred for:				
Operative treatment	...	...	...	39
Orthoptic treatment	...	...	...	—
Total attendances...	...	...	...	122

Physiotherapy.

This service has proved to be making a valuable contribution to the treatment of certain cases being treated in their own homes. A further 85 patients commenced treatment and 58 were discharged. 1,202 home visits were made and 74 attendances were made at Saul Street Clinic. Unfortunately both physiotherapists moved from the town towards the end of the year and so far it has proved impossible to replace them. As a consequence the service is in abeyance.

II. HOME NURSING.

During the year there was a slight increase in the number of patients requiring the services of the district nurses. The number of new patients was 2,066 making a sum total of 2,719 patients who received treatment. The number of visits paid by the district nurses to patients in their homes was 77,115 and of these 595 were visits to very ill patients requiring evening sedation. 573 visits were paid to children under 5 years while visits to patients over the age of 65 years totalled 46,050. 787 visits were made by patients to the clinic which is held each weekday evening at 4 Walton's Parade.

The use of incontinence pads continues to be most helpful in the nursing of incontinent patients.

4 people working for the Marie Curie Memorial Foundation were able to give assistance with night nursing to the relatives of patients suffering from carcinoma.

During the year, one nurse took the district nurse training course and was successful in obtaining the certificate of the Queen's Institute of District Nursing and the National Certificate.

Table 18.
Summary of the work of the District Nurses.

	No. of cases at beginning of month	New cases	Terminated				No. of cases at end of month	No. of visits
			Re- covered	Hosp.	Died	Other causes		
January ..	653	200	91	29	40	19	674	6,601
February ..	674	210	108	35	29	20	692	6,408
March ..	692	203	138	29	28	15	685	7,025
April ..	685	147	93	27	29	17	666	6,117
May ..	666	156	110	15	14	15	668	6,294
June ..	668	171	110	22	30	15	662	5,894
July ..	662	129	81	25	23	18	644	5,865
August ..	644	178	98	28	25	17	654	6,519
September ..	654	161	87	20	18	18	672	6,721
October ..	672	160	89	23	31	17	672	6,931
November ..	672	190	100	21	26	12	703	6,628
December ..	703	161	107	19	22	13	703	6,562
Total for year .	—	2,066	1,212	293	315	196	—	77,115

Table 19.
Visits paid by district nurses in each of the past five years.

Year	First visits.	Total visits
1966	2,066	77,115
1965	1,965	75,758
1964	1,968	74,347
1963	1,830	71,960
1962	1,687	72,267

Table 20.
Conditions dealt with by district nurses during the year.

	Number of cases	Number of visits
Heart disease	188	7,279
Cancer	160	5,850
Cerebral vascular disease	180	6,093
Blood diseases	438	9,269
Diabetes	65	13,747
Tuberculosis	60	3,650
Other chest diseases	258	4,211
Other infectious diseases	27	253
Post operative cases	245	4,456
Fractures	27	1,071
Varicose ulcer of leg	50	2,973
X-ray preparation	163	384
Local infection.. .. .	90	1,443
Constipation	90	379
Complications of pregnancy	107	1,112
All other conditions	571	14,945
Total	2,719	77,115

Table 21.
**Cases of infectious disease and complications of pregnancy
visited during the year by district nurses.**

	Number of cases	Number of visits
Pneumonia (all forms)	41	686
Tuberculosis	60	3,650
Influenza	9	88
Tonsillitis	17	150
Erysipelas	1	15
Threatened Miscarriage	3	8
Anaemia of Pregnancy	74	788
Perineal Abscess	1	17
Breast Abscess.. .. .	5	52
Mastitis	1	8
Caesarian Section	5	61
Anaemia following Miscarriage	3	21
Rupture of Membranes	1	6
Abortion	2	21
Puerperal Pyrexia	10	115
Hyperemesis Gravidarum	1	2
Ophthalmic Neonatorum	1	13
Total	235	5,701

III. HOME HELP AND NIGHT ATTENDANT SERVICE.

The home help service continues to operate in relieving the needs in the homes of the sick. The service is supervised by a home help organiser who visits each home to ascertain the degree of illness, the help available in the family and the amount of help needed in each case.

Priority is given to maternity cases, the elderly, infirm and chronic sick cases and also cases of sudden incapacitating illness in the home. There is a staff of 94 home helps to carry out these duties and each one is given the work for which she has the most aptitude and capability. The average number of monthly cases was 829 and the amount of time given to each case was from three to eight hours per day according to the assistance needed. The present charge of 3/- per hour can be reduced in accordance with a prescribed scale of charges.

Amongst the many cases given assistance was a man discharged from hospital, aged 60, having had both legs amputated. To learn to live a life of partial dependence is not easy, but when a person has been active all through life and is suddenly bereft of normal independence and so near retirement age, when life holds so much promise of leisure, it is a very hard lesson to learn. To add to the difficulty his wife had also been discharged from hospital the previous week, having had a breast removed. They are a devoted couple and the wife was eager to help her husband over all the difficulties such a situation creates, but the entire work was beyond her physical ability. A home help was sent in to help them both, and the greater part of the work was taken off the shoulders of the wife and both husband and wife calmly settled to a life more restricted than they had planned, but at least a life of peace, sure in the knowledge that they will receive help as long as they need it and their burden is shared.

A further case was a man in his early fifties, unmarried and living alone, but fortunate in having a devoted married sister to care for him. Suffering from infantile paralysis he is restricted in many ways from leading a full life. His sister has cared for him for many years but has now reached the age when she cannot fulfil all the obligations such a case requires. A home help has been sent in and also meals. This has been a great help to the sister and to the man it has meant a widening of the circle of people visiting his home and brings him an added interest conversationally, and the amount of work done in the home by the home help leaves him a little less dependent on his sister and brings him a measure of independence.

A further case was that of a young mother with a family of nine children, the eldest 12 years and the youngest just a year old. Suffering from a skin rash she was unable to attend to the children's washing and with so large a family the washing was a very large one. To pay for laundering was beyond her means. She had previously had a nervous disorder which necessitated hospital treatment and was rapidly reaching the stage where the possibility of further treatment would have to be considered. Speedily a home help was sent to her, a motherly person who could take charge of, not only the washing but some of the more arduous chores. This mother will need help for some time but the change in her mentally and physically is most heartening. She can now play and laugh with her children and is able to attend to some of her own housework and enjoy her shopping days whereas previously, she was too tired to enjoy the pleasure of her own children and shopping was a burden.

A further case assisted was that of a young married couple with children whose ages were 9, 7 and a baby of seven months. The mother had been discharged from

hospital with an inoperable brain tumor. A kindly home help was sent in to take care of the mother and children, thus enabling the father to continue his work and earn a living for his family during these sad and trying times.

Another case was that of a widowed brother and unmarried sister, the sister devoting all her time to the care of the brother until he had a further seizure and needed extra care. Most careful and tactful handling was needed in this case as the sister was so devoted to her brother that she wished to attend him night and day. She was persuaded at first to have a home help each day, then later to have a night attendant. She became so attached to each of them that she was reluctant to see them leave the house at their respective times of finishing. The end came very suddenly for the brother, just as the night attendant was leaving the house she noticed a sudden change in the man, quickly took off her outdoor clothes and stayed with him to the end. The home help took over the duties the same day and during the following few days the old lady was quietly and gently led through the intervening days between the death of her brother and the funeral. After a few days rest with relatives she returned home and has the same home help but on reduced period of time. One result of this case which is not unusual is that from being reluctant to accept help, she will not now take any major decision on any matter without first consulting this office.

Cases where the elderly parent has been gravely ill and sons and daughters have been working, or had young children to attend have been relieved of much anxiety in the knowledge that a home help was attending the needs of the sick parent. However willing some of them have been to attend to their sick parents they could not afford to stay away from work to do so. Without exception they have all been grateful for the assistance given.

There are still the occasional cases where the elderly person is living on a retirement pension alone. In some cases they are too independent to apply for a supplementary pension; some of the old people do not know how to apply for one. A telephone call to the Officers of the Ministry of Social Security brings quick results in the form of a speedy visit from one of the officers who quickly relieves the hardship by issuing a supplementary pension to the person concerned, to the great delight of the old person. There are not many people who would take advantage of the elderly, but unfortunately one or two such persons live amongst us and one old lady nearly came to grief by such a person. As is not unusual this old lady spent a lot of her time on her own front door step and would chat to anyone who would listen to her. This resulted in a woman playing the part of a sympathetic listener and in a short time she was inside the house. From then on daily visits were paid, little gifts brought along for the old lady and gradually the confidence of the old lady was won. But a watching brief was being kept on this matter and the old lady visited very frequently. The generous gifts could have been honourable and kindly, but instinct brought forth disquieting misgivings. The final proof came in the visit of the generous benefactor paying a visit to the office to ascertain the relatives of the old lady. This information was refused. Suspicion became more acute, a speedy visit was paid to the old lady where it was learned the benefactor had tried to persuade her to sell her furniture and give the money to some one who was kind to her. A very serious talk ensued, with the old lady promising by all she held most sacred, she would not part with anything, and never again allow anyone in her home unless it was someone she knew. The benefactor has vanished from the scene. The old lady has learned her lesson, but it could have resulted in the loss of her complete household furnishings.

As more people are being re-housed from the clearance areas it brings to light some of the hazards and dangers relative to the open fire with which they have contended the greater part of their lives. One such case came to light when an early visit was paid to an elderly lady recently re-housed from a soot and grime befouled house where the only outlook was a similar house on the opposite side of the street. She had been born in the house and lived all her life in it, and the only time she saw trees and open sky was when she visited the parks. These visits became less frequent as she became older. Suddenly transplanted into a centrally heated home with wide windows and a grass verge where she did not have to look at dirty houses opposite made a new world for her. She could not sit in one place for more than a minute, but hopped like a little bird from one place to another on a constant expedition of inspection. Suddenly she remarked on the fact that she had not a fire to make and this was wonderful. Then came the question, "Where is the chimney"? When it was explained to her that there was no chimney she was completely dumbfounded. "How can you have a warm room and no chimney? I have never lived in a house without a chimney and there must be one somewhere because the house is so warm". Finally after detailed and careful explanations it was accepted there was no chimney, with the remark—"I won't have to fire the chimney anymore". When asked why she fired the chimney the following explanation was made. Once each year she got up at 4 a.m. pushed newspapers up the chimney with a poker as far as she could, then lit the paper. This resulted in the soot being blown outside into the street, some of course came down the chimney and she had to clean all this from the floors and furniture and it sometimes got into the food and made her ill, but most of it went outside. On being asked why she got up at 4 a.m. to do this she replied that she had to get up early to do it before the bobby came round as she couldn't let him catch her and she could not afford a sweep. She thanked God that she would not have to do that anymore. A second Thank God was softly uttered in fervent thanksgiving that one more person was no longer living amongst such dangers and that soot and grime were things of the past for her, and many more would follow her to safer and cleaner homes.

One very tragic case was that of a young mother with six children, the eldest 6 years old and the youngest born at 4 a.m. of the same day the father was arrested by the police. A motherly home help was sent in the same day and attended to the mother and her family until she was able to undertake the care of them herself. The officer of the Ministry of Social Security was telephoned and asked to make an early visit, which he did, and granted them the necessary monetary aid to meet the family commitments. The relief to the young mother was very great as her husband had not given her any housekeeping money and she was almost destitute. The assistance of the home help enabled this family to be kept in their own home rather than be admitted into care.

Night Attendance Service.

The night attendant Service is run on similar lines to the home help service and is designed to help relatives and friends of invalids who are too ill to be left on their own with safety. During the year 30 cases were assisted. Four night attendants were employed.

Amongst these cases was a widow with one son, she had had a seizure and apart from the son there was no one to look after her. It was essential he should return to work as he was the breadwinner. A home help was sent in during the day, and a night

attendant to attend her during the night and the son was then able to resume his work with a contented mind, until eventually, after a few weeks his mother was admitted to hospital.

Another case was a widow of 100 years old. Her married daughter, herself a pensioner, with the assistance of a home help attended her during the daytime but could not look after her during the night. A night attendant was sent in until the old lady was admitted to hospital where after two days she died.

A further case was that of a man suffering from an inoperable cancer, a widower living in a ground floor flat. His knowledge of English was very limited but fortunately a lady, also Russian, living in the same area was able to act as interpreter, and a home help and night attendant were sent in to him until he was admitted to hospital after a few weeks.

Another case was that of two maiden sisters, they had outlived all their relatives and when one became gravely ill the burden was too great for the other sister. Home help and night attendant service was provided until the old lady died.

The night attendant service has been given to elderly married people where one partner has been suffering from sudden illness, seizures, thrombosis, heart conditions, accidents resulting in broken limbs and cancer, where the strain on the partner nursing the invalid has been too great, and the assistance from married sons and daughters has been limited, due in some cases to having young families who could not be left at night time during the working week but who were willing and wanted to help at the weekends and to share in the responsibility and care of the parent, and in some cases to be present at the end.

The deep appreciation for this service is constantly being expressed by the people who have benefitted from it.

Table 22.
Home Help Service.

1966	Existing	New	Terminated	No. being assisted at the end of the month
January ..	820	34	36	818
February ..	818	32	30	820
March	820	44	38	826
April	826	25	29	822
May	822	21	15	828
June	828	22	20	830
July	830	24	24	830
August	830	28	30	828
September ..	828	25	21	832
October	832	31	29	834
November ..	834	37	35	836
December ..	836	25	17	844

IV. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Chiropody.

The Chiropody service started in May, 1960 for aged persons and expectant mothers under the National Health Service Act, 1946, was continued in 1966.

At the end of the year one full-time chiropodist was employed, and 9 clinic sessions and 3 domiciliary sessions were carried out by four chiropodists employed on a sessional basis.

During the year 5,874 treatments were given to persons attending the clinics and 1,248 treatments were given to the housebound.

The number of patients receiving treatment at the end of the year was 1,280.

A very useful service is provided by the W.R.V.S. in carrying out clerical duties and assisting the chiropodists generally in their work.

Convalescence.

48 patients were referred for convalescence during the year, 38 women and 10 men; of these only 37 went away—6 men and 31 women, in most cases for a period of two weeks. The remainder either preferred to make their own arrangements or were not suitable for convalescence.

The majority of the patients were over 70 years of age, 23 of them, and this is the group which increases each year in number. They are either too handicapped to cope with normal holiday conditions or too frail to go away without some nursing care being available. The inevitable problem arises as to where to send those elderly patients who are unable to cope with stairs, as downstairs beds, particularly for men or married couples, are few and far between. The Evelyn Devonshire Red Cross Home at Buxton, the only one with a lift, is always popular with the patients, as they are so well looked after there, but it is too long a journey for the very frail and there is a real need for a home near at hand.

An epileptic patient posed a problem this year, but an understanding landlady in Blackpool came to the rescue, and a real friendship has sprung up between the two women to the great advantage of them both.

Of the 14 patients under 70 years of age, five were physically handicapped and the remainder suffered from chronic ill health and the rest, change and companionship helped them on for the winter ahead.

No patients recovering from acute illnesses or operations were referred by their doctors.

The number of persons sent for convalescence and the homes accommodating them are as follows:

VOLUNTARY AGENCIES

Evelyn Devonshire Home, Buxton	...	...	...	...	13
Lear Home of Recovery, West Kirby	...	...	...	...	6
Metcalf Smith House, Harrogate	...	...	...	...	2
Northern Lantern, Lytham	...	...	...	...	2

PRIVATE HOMES

Cecil, Southport	...	...	...	...	...	...	1
Heathwood, Southport	...	...	...	...	...	...	2
Holcombe, Blackpool	...	...	...	...	...	...	1
Horncliffe, Blackpool	...	...	...	...	...	...	5
Roeberry, Blackpool	...	...	...	...	...	...	2
St. Annes Rest Home	...	...	...	...	...	...	3

Domiciliary Meals.

The Meals on Wheel Service continues to deliver meals to people who are unable to prepare a meal for themselves, or due to living alone would not trouble to do so. In addition to saving many from suffering from malnutrition, relatives have been able to continue working with peace of mind in the knowledge that elderly relatives have been receiving good substantial meals. To see the elderly people consuming the meals is positive proof of its value to them and the pleasure and satisfaction they derive from it can be measured by the clean plates they leave.

A special Christmas dinner was provided during the week preceeding Christmas. Turkey with stuffing, roast and mashed potatoes, sprouts, carrots and peas, followed by Christmas pudding and mince tarts. To many this was a tremendous joy, as they would not have had otherwise the traditional Christmas fare.

During the past year 512 persons received meals, and 24,503 meals were served. The cost of the meal to the recipient was 1s. 0d.

Over Sixties Clubs.

Three of the health centres are now in use by members of Over Sixties Clubs.

RIBBLETON

The Club here meets on a Tuesday evening each week and there is a membership of approximately 40. Membership has fallen off and to some extent this may be due to vandalism on the estate and the fact that older people are afraid to leave their homes, particularly in the winter months.

GREENBANK

This Club is particularly flourishing and the members most energetic. There is a membership of 72 with an average weekly attendance on Thursday evenings of 52.

BROOKFIELD

This Club, known as the "Gold and Silver Club" commenced using the Brookfield Centre in January. The Club was originally housed in very cramped quarters in the Church of the Ascension. The members numbering some 50 meet on Tuesday afternoon each week and are very appreciative of the comfort of their new surroundings.

Laundry Service.

The laundry service continues to be provided from the laundry at the civic hostel and maintains its efficient and helpful function in the domiciliary nursing care of the patients.

This service is most useful for incontinent patients where there is insufficient help in the home or where facilities for washing and drying are inadequate. It is also used for the disabled who are unable to make satisfactory arrangements for laundering either in their homes or through the ordinary commercial laundries. Laundry is collected and delivered once, twice or three times weekly, depending upon the necessity. 27 cases benefited from the service during 1966.

Provision of Nursing Equipment and Apparatus.

LOAN OF EQUIPMENT.

General Nursing equipment and apparatus are provided by the St. John Ambulance Association.

This service has been supplemented directly by the Corporation in the provision of various items of equipment. The loan of these items is greatly appreciated especially where the patients are incontinent and the supply of linen available in the home is insufficient to meet the demand. The provision of these loans helps the nurses to maintain a more efficient nursing service.

EQUIPMENT LOANED DURING 1966.

Sheets ...	...	...	...	...	...	69
Blankets	...	...	...	...	...	10
Towels	...	...	...	...	...	8
Pillows	...	...	...	...	...	5
Bedsteads	...	...	...	...	...	9
Rubber sheets	...	...	...	...	...	11
Draw sheets	...	...	...	...	...	224
Pillow slips	...	...	...	...	...	41
Nightgowns	...	...	...	...	...	12
Nightshirts	...	...	...	...	...	5
Mattresses	...	...	...	...	...	10

Health Education.

Schools.

During the year, 54 lectures were given in schools on a variety of health subjects such as Sex Education, Home Safety, Immunisation, Nutrition, Care of Teenagers' Feet, Personal Hygiene and Venereal Diseases. A new film entitled "This is your Lung" was purchased and proved of great value in a "Smoking and Health" campaign in the grammar and secondary schools.

It is pleasing to report that an increasing number of requests are being received for the film "Learning to Live" to be shown in the secondary schools. This is a sex education film that has proved acceptable to both adult and teenage audiences and is now shown regularly in some grammar and secondary schools.

Lectures and Film Shows.

Illustrated lectures were given to various organisations, e.g. youth clubs, Girl Guides, Ladies Fellowships, Women's Guilds, Industrial Staff etc. Some of the subjects were Cervical Cytology, the Social Services, Mental Health, Improvement Grants, Smoking and Lung Cancer, Sex Education, Work of the Health Visitor.

A number of lectures and films were arranged for members of the Health Department staff on different topics, including Emergency Obstetrics, Analgesic Equipment, Cancer of the Cervix and Cytology Clinics, Health Education—Visual Aids, Virus and Cancer, Cross Infection etc.

Parentcraft.

Throughout the year, talks and demonstrations were given to mothers-(and fathers-)to-be at the Saul Street clinic each Thursday afternoon and evening. At these well-attended Parentcraft Sessions, advice was given by the Midwifery Staff on Nutrition in Pregnancy, Babies Layette, Breast Feeding, Artificial Feeding, Bathing the Baby and the Birth of a Baby. These courses are recommended for all mothers-to-be.

POSTERS AND LEAFLETS

At each of the health centres in the borough, leaflets on mother and child care were available free of charge. A central leaflet bank was maintained and posters and leaflets were available to the public on request. Posters were displayed in all health centres and used in schools.

NEW VISUAL AIDS

The following films and film strips have been added to health education section visual aids library:

- This is your Lung (Smoking and Health).
- Birds, Bees and Storks (Sex Education Cartoon).
- Anatomy and Physiology (Pts. 1—6).
- Infant Feeding.
- Care of the Aged.
- P.K. Tests.
- Cancer Education (Cervical Cytology).

EXHIBITIONS AND DISPLAYS

The Health Department had a large stand at the Community Welfare Exhibition staged at the Public Hall in March. This showed the services made available to the public of Preston by the Health Department. The stand was well visited. Midwives, Health Visitors and the Health Education Officer were available to answer the many questions.

The following displays were staged in the Health Education window in Lancaster Road. Air Pollution, Smoke Control Areas and Grants Available, Mental Health, The Economics of Smoking, Lock Away Medicines—Prevent Poisoning, Safe and Happy Christmas.

During Mental Health Week, the Lancashire Evening Post window was used to show the facilities available in Preston for the mentally ill and mentally handicapped.

MENTAL HEALTH WEEK

Mental Health Week 1966 was promoted to heighten public awareness to the problem created by mental disorder and to spread information about the services offering help. A programme was arranged that included a public lecture, an exhibition and open days at the Junior and Adult Training Centres. Provision was made for visits to the training centres by small groups of senior pupils from grammar and secondary schools.

ANTI-SMOKING CLINIC.

An anti-smoking clinic was organised by the Health Education Section during February at the Handicapped Persons' Social Centre. The clinic consisted of a series of five consecutive group therapy sessions held for one hour each evening. These sessions included lectures, films, demonstrations and exchanges of experiences by participants as they fought the habit. Booklets were issued, giving details of the Five Day Plan which told the participants how to relax, how to exercise, what to eat and even what to think at crucial times.

A member of the reporting staff of the Lancashire Evening Post was enrolled on the course and he gave a daily account of his fight against the "weed" to his readers.

The following are some of the statistics concerning the clinic:

<i>Number of cigarettes smoked (132 questionnaires) per day</i>					
Under 10	...	...	...	...	2
10—19	...	...	...	...	42
20—29	...	...	...	...	45
30—39	...	...	...	...	28
40 plus	...	...	...	...	17

Attendances: Enrolled—168. First night 152. Last night 104.

Occupations: Forty different, from a radius of 10 miles.

Stopped smoking: Before clinic—10. First night 77. During clinic 28. Subsequently 1. Total 116 (80% of maximum attendance).

Follow-up after 6 weeks (89 replies). Stopped smoking: 80. Restarted: 32. (20 of the restarters smoking half or less of previous consumption). Examples to friends—22 others stopped smoking who did not attend course.

HEALTH EDUCATION GROUPS

To give mothers the opportunity of obtaining practical information on parent-craft, monthly health education groups have been held in the health centres. Health Visitors have lead most of these discussion groups and have encouraged those attending to ask for the particular subjects they would like to know more about. The following give some indication of the wide range of subjects covered. The Kiss of Life, Sex Education—,What Shall I tell my Child? First Aid in the Home, The British Midwife, Toilet Training, Bedwetting, V.D., The Rhesus Factor, Normal Milestones in Early Life, Cancer Education, Obesity in Children and Adults, Infectious Diseases, Bottle Feeding, and Weaning, Occupational Therapy for Sick Children, Home Safety for Toddlers, Causes of Raised Temperatures, Toys for Christmas, Care of the Feet, How to Ruin your Child etc.

Visual aids were used and mothers attending took a very active part in the discussions. Tea and biscuits were available and the "tea-break" helped to create the happy, informal atmosphere.

Physically Handicapped.

The health visitors paid 1,180 visits to physically handicapped persons during the year.

There was a demand for a variety of aids, but the main item loaned is the tripod largely to hemiplegics who find this type of stick very useful in the early stages of recovery.

Items loaned consisted of:

- Tripods—27.
- Quadrupeds—1.
- Elbow crutches—2 pairs.
- Underarm crutches—1 pair.
- Walking sticks—9.
- Zimmer walking aid—1.
- Zimmer picking-up tongs—1.
- Commode platform—1.
- Long handle shoe horn—1.
- Stocking pullers-on—2.
- Rubber sheets—3.
- Amplivox speech training unit—1.

At the end of the year there were 142 items of equipment out on loan.

This service is very much appreciated by the patients and their relatives.

The loan of lifting apparatus—a Zimmer Hoist—has made possible the nursing at home for a number of years of a very elderly and heavy woman crippled with rheumatoid arthritis, by a daughter.

A similar hoist is on loan to a bed-ridden patient who is blind and has had a stroke—she is nursed by a son. But for these aids these patients would undoubtedly be occupying hospital beds.

The help of the Lions Club was greatly appreciated in relation to a severely handicapped girl. They made possible a 2 weeks holiday for her in Bexhill by arranging transport and meeting the cost.

Cerebral Palsy.

Cerebral Palsy varies greatly in severity from one case to another, and many of the less afflicted cases are able to carry on their activity without help or supervision. Some of the more severe adult cases who are disabled and who may need help in various ways are registered in the Welfare Section and many of the children affected are known through the School Health Service.

The cases known to the staff are recorded in the following table.

Table 23. No. of known cases of cerebral palsy and epilepsy.						
Ages	Cerebral palsy			Epilepsy		
	Males	Females	Total	Males	Females	Total
—5	1	1	2	—	—	—
5+	3	5	8	1	1	2
10+	11	2	13	3	5	8
15+	10	7	17	7	16	23
20+	9	8	17	17	13	30
30+	12	7	19	4	9	13
40+	3	1	4	1	12	13
50+	2	—	2	2	4	6
60+	2	—	2	1	4	5
70+	—	1	1	—	—	—
80+	—	—	—	—	2	2
Total ...	53	32	85	36	66	102

There were 53 males and 32 females registered as having cerebral palsy at the 31st December, 1966. Seven children attended the Open Air School and 4 attended special schools.

Two men and 3 women were attending the Handicapped Persons' Centre at the close of the year.

Sixteen men and 4 women were employed in open industry and 2 men were in sheltered employment.

Epilepsy.

At the 31st December, 1966, there were 36 males and 66 females registered as epileptics.

Two children attended the Open Air School, 1 attended a special school and 5 come within the province of the Mental Health Act.

One man was in an epileptic colony, and 6 were in psychiatric units.

Five women were in epileptic colonies and 7 were in psychiatric units.

Twelve men and 10 women were employed in open industry.

One woman was admitted to a Group Captain Cheshire Home.

Problem Families.

The Co-ordinating Committee continued to meet on a monthly basis. It was helpful to have more frequent attendance at the meetings, by the probation officer, as so many families who come under discussion are subject to probation orders.

Seven new cases were put forward for consideration during the year and at December 31st there were 35 cases under discussion at monthly and less frequent intervals according to the need.

The type of family which is brought forward for consideration has a multiplicity of defects—illegitimacy, parents separated, unemployment, unwillingness to work, alcoholism, prostitution, poor mental and physical capacity, poor record of school attendance and verminous conditions. In addition to these there is frequently an unwillingness on the part of one or both parents to improve their lot. This is reflected in those families who have been under supervision for 9—13 years and still continue to come up for discussion; “A horse can be led to the water, but it cannot be made to drink” and it is equally well nigh impossible to guide parents if they do not wish to accept guidance. Support must however be continued in the hope that help can be given to the children of such families, but their prospects are bleak under such an environment and the pattern shows that frequently they commit offences which result in their appearance before a juvenile court.

V. AMBULANCE SERVICE.

The staff establishment was increased by two driver/attendants as from the 3rd January, following the reduction of the working week from 42 to 40 hours. There was again a high turnover of staff, five leaving during the year. Reference was made last year to the age structure of the driving staff, a third of the staff are under 34 years whilst half of the driver/attendants are under 40 years of age.

Following the review of the control room staff, a further female telephonist was appointed to work 21 hours per week.

During the spring a voluntary training programme was undertaken by the staff. The first part of the course was lead by the station officer and covered such topics as patient handling to instruction on the use of the central control communications system. There followed talks by the non-medical supervisor of midwives and a representative from the fire brigade. The programme culminated in a series of lectures given by the Senior Casualty Officer of the Royal Infirmary on the emergency treatment of patients in case of injury and liaison between hospital and ambulance services.

One large ambulance was replaced during the year. The new vehicle incorporates the latest type of collapsible stretcher-trolley. The advantage of this equipment is that it can be used by one man and greatly speeds the movement of casualties.

There was again an increase of patients carried from a figure of 63,009 in 1965 to 66,523, whilst the total mileage fell from 181,038 to 178,396. The patients moved on behalf of other sections of the department remained at a similar level to that of 1965. The figure represents a daily average of over 200 patients and the travelling of some 600 miles.

The following tables give details of persons carried and of mileage covered since 1951.

Table 24						
Month	Total Work Load			Local Authority Work		Total Journeys
	Patients Carried		Mileage	Patients	Mileage	
	Stretcher	Sitting Cases				
January ..	959	4,426	14,532	1,173	2,233	1,339
February ..	859	4,401	14,137	2,030	2,299	1,295
March ..	813	5,207	14,637	1,696	2,942	14,29
April	855	4,057	13,182	1,216	1,837	1,320
May	840	5,012	14,789	806	2,741	1,421
June	843	4,936	15,945	2,145	2,794	1,384
July	849	3,737	14,056	1,652	1,653	1,318
August ..	826	4,449	14,915	1,897	1,879	1,381
September ..	795	4,947	15,560	1,619	2,667	1,478
October ..	843	4,621	15,532	1,674	2,221	1,401
November ..	956	5,413	15,974	1,672	2,846	1,426
December ..	1,021	4,858	15,137	2,170	2,388	1,422
Total ..	10,459	56,064	178,396	19,750	28,500	16,614

Table 25.

Ambulance Service—Record of journeys made and mileage covered.

BOROUGH																
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
January Mileage Journeys	8,944 1,922	8,620 1,970	10,327 2,365	11,029 2,791	12,535 3,198	12,376 3,015	11,520 2,953	10,737 2,921	12,210 3,452	11,867 1,393	11,785 1,347	12,280 1,421	13,364 1,452	13,671 1,520	14,528 1,558	14,532 1,339
February Mileage Journeys	7,898 1,719	9,065 1,910	9,188 2,283	10,349 2,688	10,688 2,743	11,763 2,831	10,767 2,724	10,541 2,694	11,466 2,900	12,835 1,429	11,018 1,364	11,360 1,243	12,452 1,272	14,087 1,361	14,724 1,342	14,137 1,295
March Mileage Journeys	8,484 1,899	8,820 1,811	9,994 2,492	11,092 2,697	11,925 2,928	12,149 3,035	10,568 2,978	11,040 2,812	11,381 2,109	13,090 1,546	12,591 1,425	10,631 1,194	12,955 1,311	14,084 1,460	17,285 1,555	14,637 1,429
April Mileage Journeys	9,359 1,958	8,614 1,605	9,342 2,293	10,272 2,474	11,110 2,619	11,138 2,811	10,812 2,803	10,498 2,581	10,670 1,420	11,813 1,291	10,091 1,257	10,433 1,200	12,537 1,238	13,884 1,432	14,705 1,374	13,182 1,320
May Mileage Journeys	8,297 1,887	9,007 1,856	9,341 2,337	11,087 2,932	11,807 2,805	10,640 2,734	11,903 2,948	10,692 2,689	11,883 1,457	12,768 1,513	12,839 1,439	12,609 1,350	13,897 1,391	13,790 1,466	15,636 1,509	14,789 1,421
June Mileage Journeys	9,060 1,946	9,171 1,802	10,048 2,543	11,486 2,757	11,403 2,923	10,320 2,717	11,004 2,643	11,854 2,891	13,282 1,470	12,720 1,505	13,306 1,489	12,086 1,362	12,558 1,249	15,741 1,633	15,215 1,370	15,945 1,384
July Mileage Journeys	8,988 1,774	9,598 1,819	9,717 2,438	11,792 2,581	11,987 2,589	10,975 2,433	11,576 2,755	11,280 2,702	11,878 1,461	11,734 1,337	12,406 1,315	12,020 1,382	13,925 1,290	14,375 1,461	15,269 1,396	14,056 1,318
August Mileage Journeys	9,157 1,625	9,250 1,836	10,325 2,431	11,627 2,789	12,114 2,760	11,103 2,683	10,487 2,534	11,333 2,691	11,396 1,327	11,505 1,437	12,881 1,416	10,564 1,252	12,959 1,306	12,573 1,386	13,614 1,298	14,915 1,381
September Mileage Journeys	9,394 1,654	8,764 1,854	10,375 2,471	11,080 2,787	12,440 2,852	10,351 2,679	11,516 2,787	11,978 3,104	13,147 1,529	12,122 1,472	13,569 1,420	12,243 1,336	14,717 1,438	15,323 1,549	14,432 1,310	15,560 1,478
October Mileage Journeys	9,059 1,796	10,129 2,323	11,165 2,687	11,471 2,574	11,576 2,704	12,269 3,195	11,420 2,675	12,165 3,219	12,565 1,378	12,583 1,469	13,072 1,450	12,225 1,399	15,685 1,587	15,759 1,552	15,048 1,516	15,532 1,401
November Mileage Journeys	7,659 1,784	9,401 2,367	10,873 2,738	13,153 2,963	10,442 2,661	12,603 2,986	11,012 2,775	10,455 2,707	12,260 1,377	12,766 1,408	13,706 1,457	15,022 1,603	13,699 1,409	15,035 1,570	15,601 1,579	15,974 1,426
December Mileage Journeys	8,561 1,914	9,751 2,630	10,957 2,714	12,460 3,165	10,914 2,738	11,253 2,698	10,216 2,704	10,555 2,803	12,450 1,376	11,507 1,395	10,766 1,388	10,888 1,281	12,864 1,410	14,594 1,579	14,981 1,387	15,137 1,422
Total Mileage Journeys	104,860 21,948	110,190 23,783	121,652 29,792	136,898 33,198	138,941 33,520	136,940 33,817	132,801 33,279	133,128 33,814	144,588 21,256	147,310 17,195	148,030 16,767	142,361 16,023	161,512 16,353	172,916 17,969	181,038 17,194	178,396 16,614

VI. DOMICILIARY, MEDICAL, PHARMACEUTICAL, DENTAL AND OPHTHALMIC SERVICES.

I am indebted to Mr. Webster, Clerk to the Preston Executive Council, for the following statement on the medical, pharmaceutical, dental and ophthalmic services administered by the Preston Executive Council:—

General Medical Services.

The number of patients registered on doctors' lists at 1st April, 1967, was 109,992. Medical Services were provided by 69 practitioners, 52 of whom were the responsibility of the Council, and 65 of whom were also included in the Council's Obstetric List for the provision of Maternity Medical Services.

The total gross payment for General Medical Services for the year was £238,344.7.0 including £7,313.11.9 for Maternity Medical Services.

Pharmaceutical Services.

On the 1st April, 1967, there were 41 chemists' establishments on the Council's Pharmaceutical List for the supply of medicines and appliances, and 7 contractors for the supply of appliances only. The Council's Rota Service Scheme providing for establishments in different parts of the town to be open for one hour each evening after the normal hour of closing, except Saturday, and one hour each Sunday, Local and Bank Holiday, continued to operate satisfactorily throughout the year.

During the year 8 test prescriptions were taken, all of which were satisfactorily dispensed.

Payments made by the Council for the supply of medicines and appliances amounted to £398,574.14.3 including £1,016.0.0 for Rota Services.

816,180 prescriptions were dispensed by Chemists during the year.

General Dental Services.

At 1st April, 1967, there were 37 Dental Practitioners on the Council's Dental List. The total cost to the Council for the supply of dental appliances, extractions and conservative treatment was £197,348.15.7. The charge paid by patients towards such treatment amounted to £46,208.12.1.

Supplementary Ophthalmic Services.

At the 1st April, 1967, there were 4 Ophthalmic Medical Practitioners; 22 firms of Ophthalmic Opticians and 1 firm of Dispensing Opticians on the Council's Ophthalmic List. 25,781 applications for glasses were received during the year, as compared with 24,881 the previous year. Of the number of sight tests provided 19,844 cases were supplied with glasses under the National Health Service. Applications for replacement or repair of glasses totalled 956 of which 760 were approved.

The total cost to the Council for this branch of the Service was:—

	£	s.	d.	£	s.	d.
Sight Testing				21,852	7	4
Supply and Repair of Glasses ...	58,170	12	6			
LESS Paid by Patient	32,719	16	0			
	<hr/>			25,450	16	6
				<hr/>		
				47,303	3	10
				<hr/>		

Mental Health

Another hostel for ten mentally subnormal adults was opened on 4th May, 1966, at Ribbleton, with accommodation for five males and five female residents.

In April, 1966, work commenced on the extension of the adult training centre, Deepdale Road. It is anticipated that this extension will be completed by the spring of 1967.

Mental Health Week, 1966, 5th to 11th June, was promoted by the National Association for Mental Health and the National Society for Mentally Handicapped Children, in collaboration with local authorities, with encouragement from the Minister of Health and support from voluntary organisations, psychiatric hospitals and churches throughout the United Kingdom. The theme this year was "Mental Health—Your Concern." Publicity included displays in the windows at 48 Lancaster Road, and the Lancashire Evening Post, with a feature article by Miss C. Bateman on "Are you Mentally Well?", along with posters, which all helped to bring Mental Health Week to the notice of the general public.

Parties of senior scholars, in small groups, from grammar and secondary schools, visited the junior and adult training centres. Open days at both the Training Centres were well attended. Whittingham Hospital co-operated with the Preston Health Committee and, at the Social Centre, Deepdale Road, they arranged an exhibition of work done by patients in hospital and on psychiatric nursing as a career. The Preston Branch of the Society for Mentally Handicapped Children also arranged an exhibition of the work done by the members and the aims of the Society.

The week culminated with a lecture by Dr. J. D. Glynn, Consultant Psychiatrist, Whittingham Hospital, on "progress in mental health", which was attended by members of the Health Committee and a large number of people interested in the field of social work.

Administration.

The establishment of mental welfare officers was increased to five, and provision was made for the appointment of an administrative assistant and a trainee mental welfare officer. Mr. A. Morris was designated Senior Mental Welfare Officer in June, 1966.

At the junior training centre Mrs. G. M. May, Assistant Supervisor, resumed duty on the 4th July, 1966, after successfully completing the course for teachers of the mentally handicapped at the Harris College, Preston, and was awarded the diploma. Miss C. Lang commenced a two year course for teachers of the mentally handicapped at the Harris College in September, 1966.

At the adult training centre, there were no staff changes, but with the extension progressing, further staff will be necessary when it is completed.

Account of Work Undertaken in the Community.

Mental Health Act, 1959.

Number of persons admitted to hospital between 1st January and 31st December, 1966:

				<i>Males</i>	<i>Females</i>
Section 5 (Informal)	...	...	...	106	134
Section 25 (Observation)	...	...	...	41	58
Section 26 (Treatment)	...	...	...	6	6
Section 29 (Emergency)	...	...	...	6	11
				<hr/> 159	<hr/> 209

Of the 116 cases admitted to hospital under Section 25 and 29, one male was subsequently detained under Section 26 (Treatment) also 21 males and 25 females remained in hospital as informal patients, Section 5.

At the request of the medical directors of psychiatric hospitals, 10 visits were made and reports given on home conditions and family histories.

During the year 64 males and 82 females discharged from hospital were supervised by the mental health staff by arrangements with general practitioners and the patients; a further 137 males and 199 females were visited at the request of a psychiatrist or from the general practitioners, or other agencies, 2,255 visits being made for this purpose. Also 647 office interviews took place with patients and relatives in connection with mental illness.

The mental health staff attended the out-patient clinics held at Sharoe Green Hospital regularly for case conferences and discussions with the psychiatrists. Visits were made to Whittingham Hospital and the Psychiatric Unit, Sharoe Green Hospital, for consultation with the responsible medical officer concerning the after-care required in individual cases.

During the year 30 student health visitors and nurses visited the mental health section for a day's observation of the work done in the community by the mental welfare staff. A male student, Social Studies, Harris College, attended for two weeks in-training.

Personal Help Service.

This service has continued through the year and leaflets have been displayed at the Citizens Advice Bureau and in the various clinics. Anyone with worries or problems is invited to come along to the Saul Street office on Thursday afternoons and discuss them with one of the mental welfare officers. During the year sixteen interviews have taken place.

The disposal of the cases seen was as follows :

Advice given at interview.	...	...	...	3
Referred to general practitioner.	...	...	...	1
Referred to health visitors.	...	...	...	6
Referred to welfare section.	...	...	...	2
Referred to Ministry of Labour.	...	...	...	1
Referred to Ministry of Social Security.	...	...	...	2
Referred to housing department.	...	...	...	1

Attendance at Social Centre.

The Friday afternoon session for persons recovering from mental illness has been continued throughout the year at the Social Centre, Deepdale Road.

Occupational therapy, games, dancing and music are available and patients encouraged to take part in all activities. Patients also attended the Centre on other days of the week, particularly on Mondays and Thursdays, together with physically handicapped persons, and have attended concerts and social evenings held at regular intervals during the winter months and the Christmas party for handicapped persons.

An occupational therapist and members of the mental health staff attended the social centre every Friday afternoon. Transport is provided to and from the centre in some cases.

During the year 47 patients have attended the centre with an average attendance of twelve patients per session.

Subnormal and Severely Subnormal Persons.

During the year new cases to the number of four males and two females were reported.

The number of subnormal and severely subnormal people on the authority's register on 31.12.1966, was 557 as follows:

						<i>Males</i>	<i>Females</i>
Care of the local authority.	...	...	...	...	...	201	175
In hospital.	...	...	...	...	...	103	78
						<hr/>	<hr/>
						304	253
						<hr/>	<hr/>

Domiciliary Care.

During the year 770 home visits were made by the mental health staff and 135 office interviews took place in relation to subnormal and severely subnormal persons. Nine investigations regarding home and social conditions were made at the request of medical directors of psychiatric hospitals.

Temporary hospital care was arranged for twenty four subnormal and severely subnormal persons, to enable their parents to have a holiday or on account of sickness in the family.

Admissions to Hospital.

During the year two males and seven females were admitted to hospital:

						<i>Males</i>	<i>Females</i>
Section 5 (Informal)	...	...	...	...	...	2	4
Section 25 (Observation)	...	...	...	...	...	—	2
Section 60 (Hospital Order)	...	...	...	...	...	—	1
						<hr/>	<hr/>
						2	7
						<hr/>	<hr/>

The Creche.

The creche at 2 North Road, continues to provide a welcome rest on two afternoons each week for mothers of children who are unsuitable for the junior training centre, but the number attending has been reduced considerably since the nursery wing at the junior training centre was opened to cater for children at a younger age.

The creche is open on Tuesday and Thursday afternoons each week between the hours of 1.30 p.m. and 4.30 p.m. transport being provided to and from the creche by the ambulance service. Two children have attended regularly.

Members of the Preston Branch of the National Society for Mentally Handicapped children staff the creche voluntarily. The mental health staff visit the creche regularly and on consultation with the honorary secretary of the society decide on the suitability of the children for admission.

The arrangement by which suitable children known to the society from No. 4 Health Division of the Lancashire County Council can attend was continued and two such children attended during 1966.

The parents of the children have expressed their appreciation of the service provided and of the benefit they derive from having two free afternoons per week.

Youth Club.

The youth club for mentally handicapped children continued throughout the year, each Friday night between 7 p.m. and 9 p.m. at the Social Centre, Deepdale Road.

The premises are provided by this authority and the Preston Branch of the National Society for Mentally Handicapped Children provide the equipment and staff for the youth club. The activities are recreational in nature, games, music and dancing, and a party or concert is arranged once per month during the winter.

There are 60 members on the register and the average attendance is 45 per session.

A member of the mental health staff attends the youth club to give advice when necessary.

In connection with the youth club at 2 North Road, in premises provided by this authority, a domestic science centre for senior girls continued throughout the year. Each Wednesday evening between 7 p.m. and 9 p.m. twelve girls are being taught cookery, laundering, ironing and general housewifery. Instruction is given by voluntary helpers of the society.

Junior Training Centre..

During the year, six students from the Harris College, have attended the centre for periods of practical training, four students have attended for additional teaching practice and three students attended to complete child study reports.

The centre was also visited by the tutor and fourteen nursery nurse students from Preston County Borough and two staff from the adult training centre at Bootle. Visits of observation were made by members of the Christian Education Movement on two days in July, 1966, also a pupil from Winckley Square Girls' School attended the centre for a two weeks period of observation.

A group of pupils visited the Harris College, Preston on 20th January, 1966, to give a demonstration lesson in physical education to students of the courses for teachers of the mentally handicapped.

A party of 18 pupils accompanied by 2 staff participated in the annual sports day held at Blackpool on the 5th July, and were later entertained to tea at Poulton-le-Fylde Teachers Training College.

A mixed party of 19 pupils accompanied by 3 staff spent an enjoyable week's holiday at Penmaenmawr in September, 1966.

A large number of parents and friends attended the "Open Day" at the centre on Saturday, 15th October, 1966. A programme of activities was given by the pupils and colour slides of the holiday at Penmaenmawr were shown, together with slides of activities at the Centre.

The annual Christmas party was held at the centre on the 20th December, 1966, and was attended by the Mayor and Mayoress and members of the health committee.

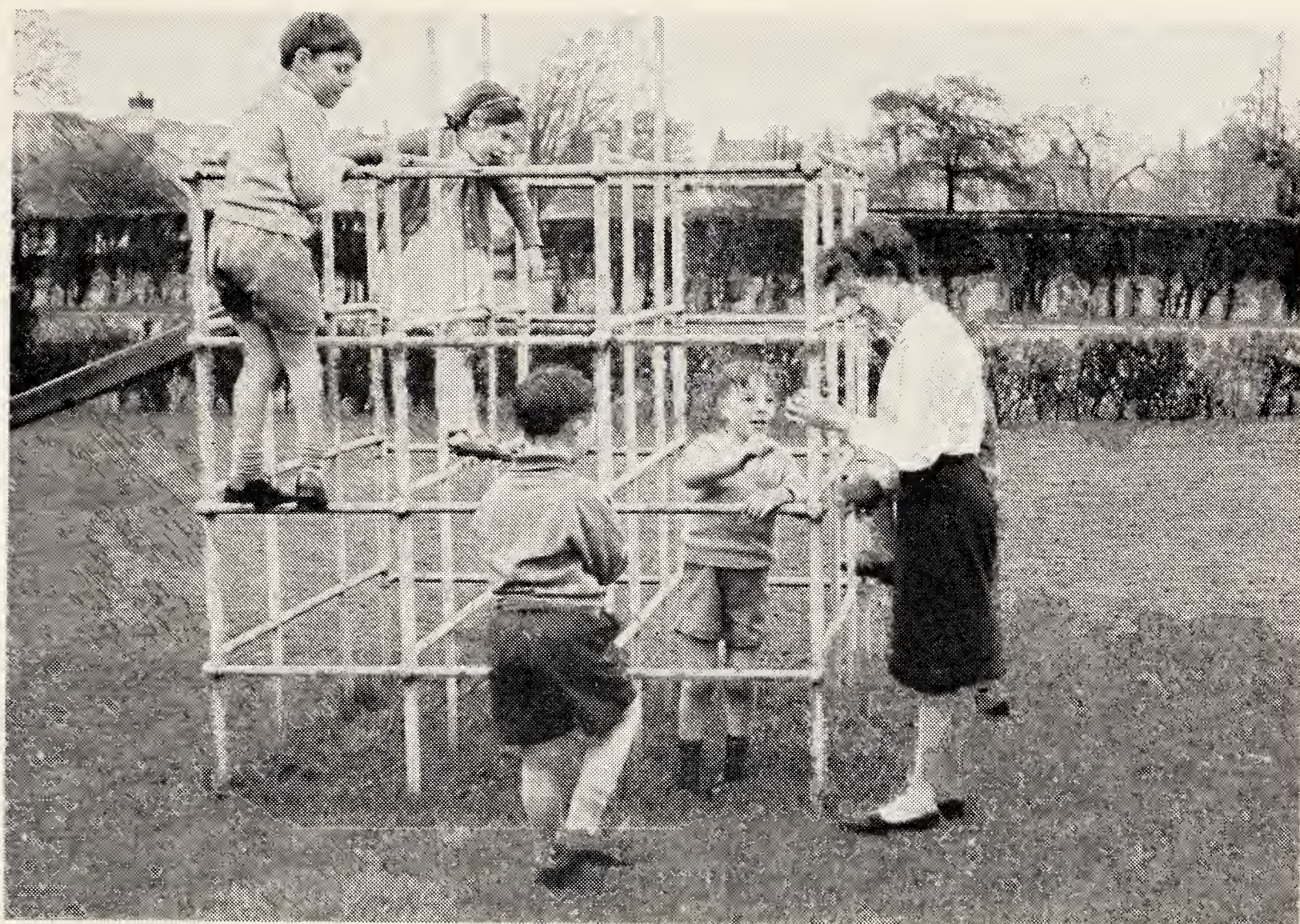
Table 26 sets out the number of pupils under instruction at the centre during the year.

Table 26. Pupils in attendance at the Junior Training Centre during 1966									
	Number of cases under instruction on 1.1.66		Number of new cases admitted during the year		Number Discharged		Number on Register on 31.12.1966		
	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
County Borough	27 11	— —	5 3	— —	1 —	— —	28 13	3 1	
County Council	9 11	— —	5 3	— —	— 4	1 3	13 7	— —	
	36 22	— —	10 6	— —	1 4	1 3	41 20	3 1	

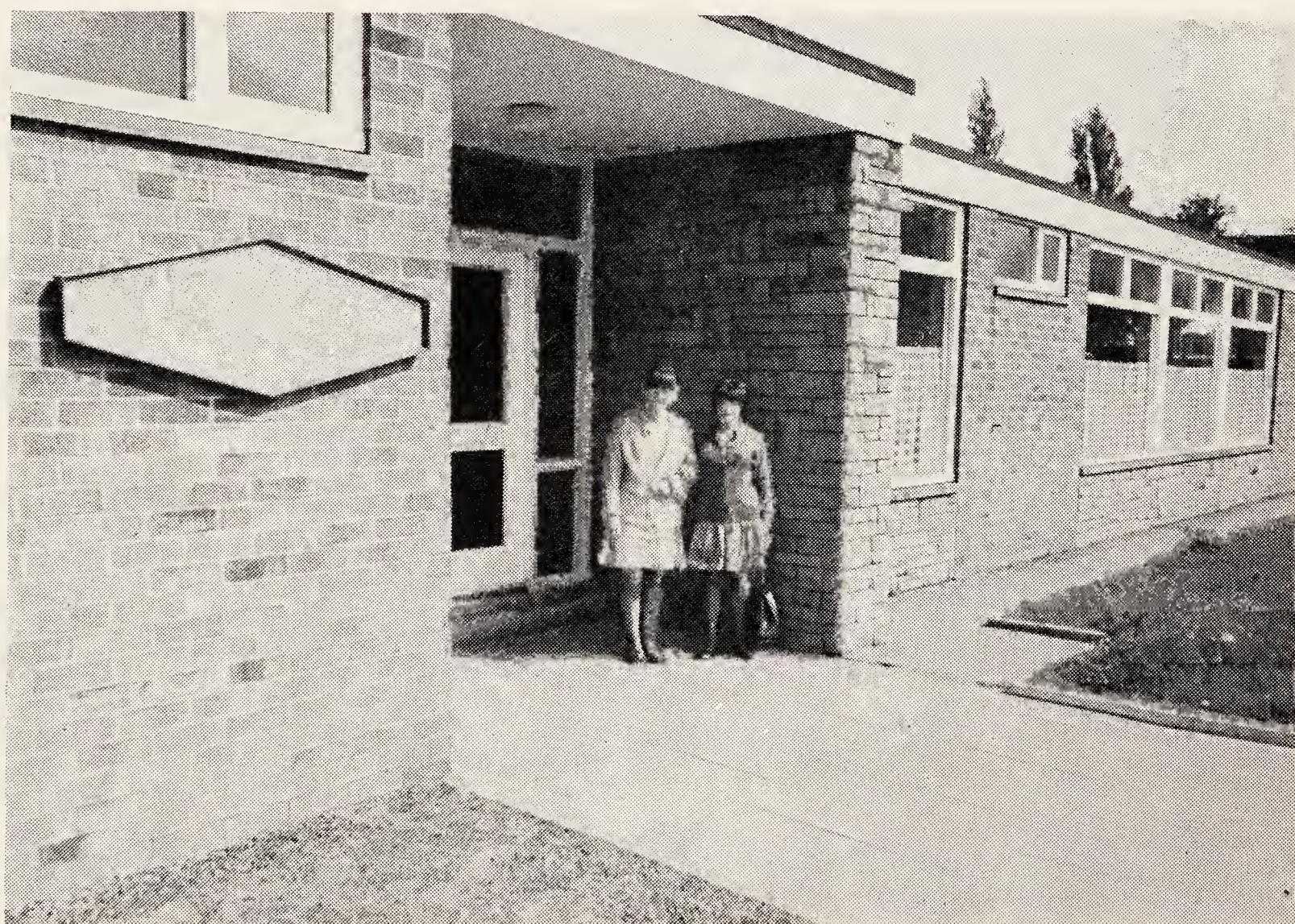
Adult Training Centre.

During the greater part of this year, due to the building of the centre extension, a certain amount of work had to be done in the adjacent social centre and meals were also taken in the social centre.

During the year 37 males have been on the register and 27 were in attendance at the end of the year.



WHAT'S TEACHER GOT?—THE JUNIOR TRAINING CENTRE



"A FRIENDLY PLACE"—THE ADULT TRAINING CENTRE

The disablement resettlement officer of the Ministry of Labour attends the centre at intervals and with his collaboration two subnormal persons, one male and one female, were placed in employment in open industry, and two mentally ill men were found employment after a period of rehabilitation.

Owing to the building programme the females alternated between attending the social centre and the temporary accommodation at 2 North Road.

During the year 24 females have been on the register and 19 were in attendance at the end of the year.

In January 10 girls from the junior training centre, after a transitional period of attending the adult training centre during the mornings only, commenced attending the adult training centre for the full day at 2 North Road. This made the change-over less disturbing to the individuals and they settled well in a new environment.

Where necessary, transport is available to convey workers to and from the centre and a mid-day meal, supplied by the Fulwood Civic Hostel, is served daily.

Work has followed along two main lines, woodwork and wire work: seed boxes and stool frames for other corporation departments. Small orders have also been completed for the public purchase of garden seats, tables, clothes props and there was a constant demand for bundles of firewood.

Wire work consists mainly in the making of chain link fencing and wall ties for building and for coat hangers, for all of which there is a constant demand.

The manufacture of concrete products—path edgings, flags and building blocks had, of necessity, to be suspended during the alterations. Additional equipment has been ordered for this section and this type of work will be resumed as soon as the extended centre is functioning.

Contract work, assembling plastic toys, the making of paper carrier bags and assembling calendars provide a steady source of employment, especially in the summer and early autumn.

During the year a number of students from various courses being held at the Harris College have attended the centre for visits of observation.

Brookfield Hostel

During the year the hostel has been accommodating four males and four female residents consistently.

There were several changes during the year, four males leaving to return home, enter residential employment or private accommodation or return to hospital, and one male was transferred to Ribbleton Hostel.

Two females also left the hostel, one to residential employment and one to private accommodation.

Ribbleton Hostel.

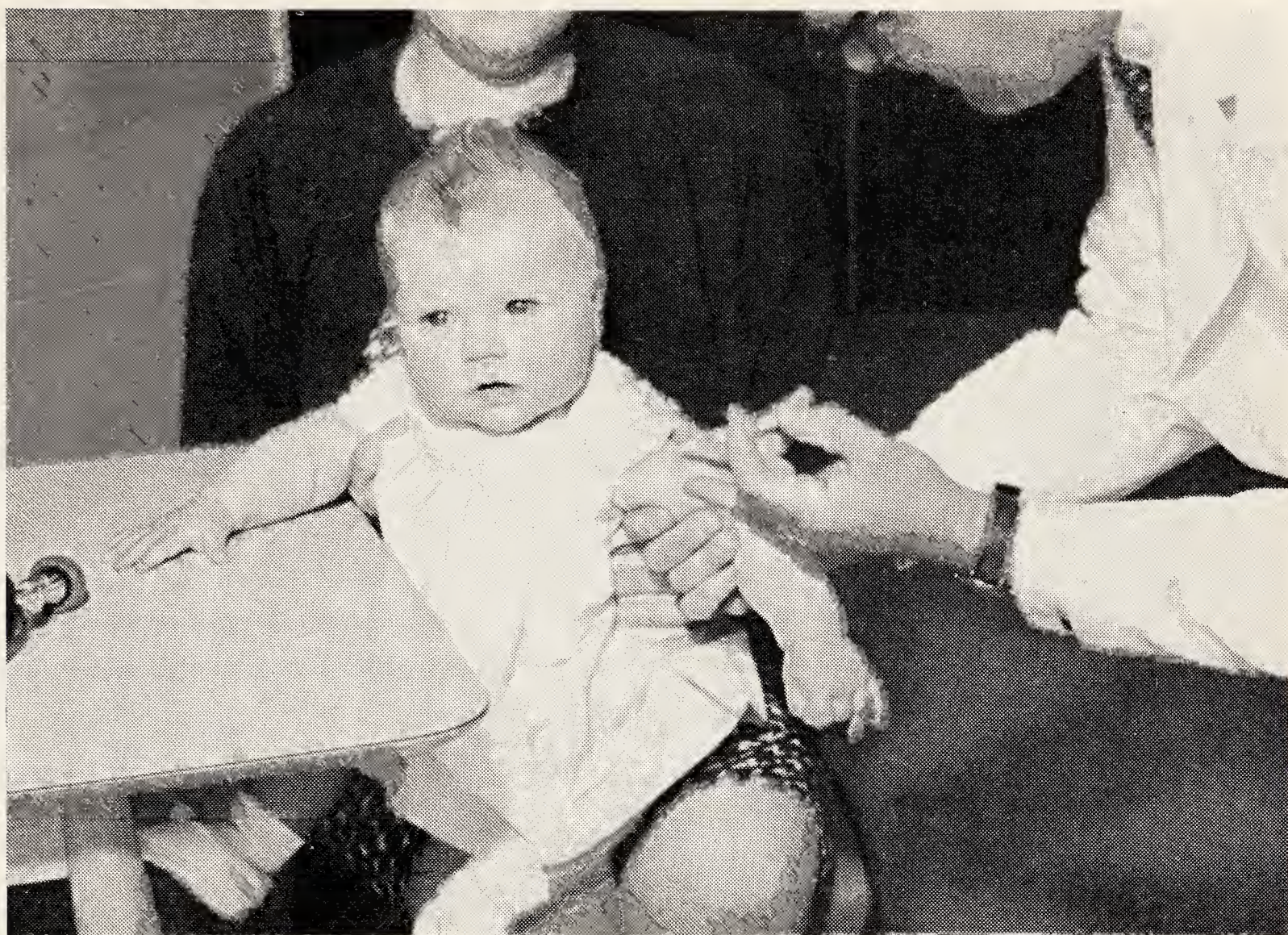
This hostel was opened on 4th May, 1966, with accommodation for five male and five female residents, two double and one single bedroom for each sex. There is a lounge with a television, a sitting room and dining room, all of which are furnished with modern furniture.

The staff consists of a resident matron and her husband, who follows his own employment, but provides additional assistance in lieu of his accommodation, with suitable domestic staff.

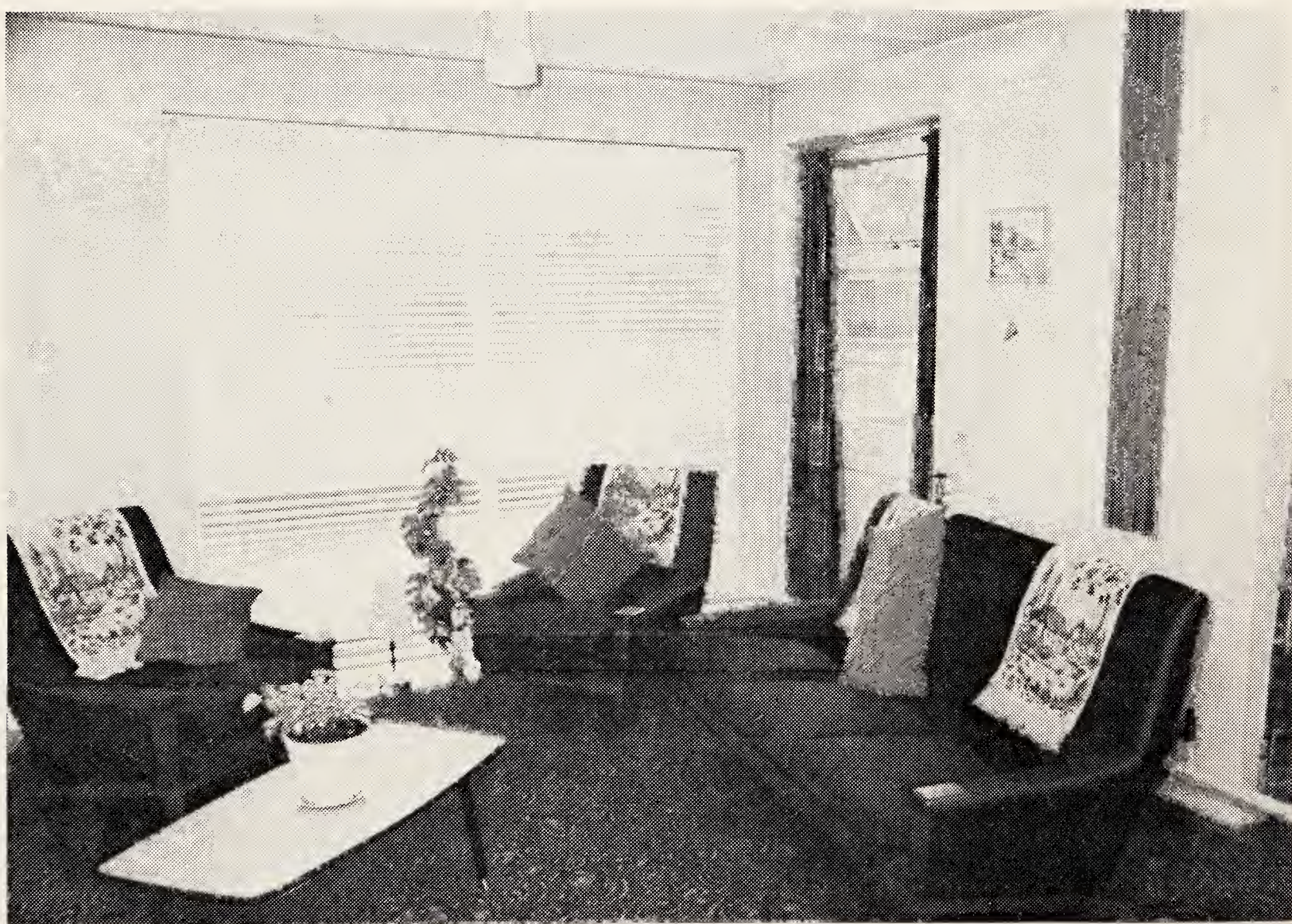
An assistant matron provides relief for the matrons at both hostels.

The hostel was full at the year end, but there were several changes during the year: one male left to residential employment, and another male returned to his mother's home. One female was returned to hospital and another female left to private accommodation.

Residents of both hostels attend the Adult Training Centre during the day, Monday to Friday. One female resident is in employment. They are free to enjoy their own interests in the evenings and at the weekends, visit friends and relatives. Some attend the social centre in the evenings and are invited to all the concerts and activities held there. They also attend the youth club on Friday night and the outings organised by the Society for the Mentally Handicapped Children.



"TRANSFIXED"



COMFORTABLE AND COSY—LOUNGE AT BROOKFIELD HOSTEL

Prevalence and Control of Infectious Disease

Notifications of infectious diseases showed little significant change in 1966, from the previous year except in the case of measles and whooping cough. In the case of measles the notifications increased from 422 for 1965 to 1,541 for 1966. This is consistent with a bi-annual pattern of measles which has exhibited itself for a number of years. There were 33 notifications of whooping cough in 1966 compared with 2 in 1965 and 100 in 1964.

There were 44 notifications of dysentery in 1966 compared with 88 in 1965. However, December saw the commencement of an outbreak of dysentery in an infant school. This epidemic of Sonne dysentery persisted well into 1967 and eventually involved several schools.

The increase of notifications of food poisoning from 6 to 16 is not significant as many cases of food poisoning are not notified and those that are, are often not confirmed.

Tuberculosis persisted at roughly the same level as in 1965, with 36 notifications against 40 in 1965. Again the majority of notifications occurred amongst immigrants from India and Pakistan. This is the lowest number of notifications of tuberculosis (pulmonary) that have ever been received.

Infective hepatitis was notified on 23 occasions and this is the lowest notification rate for 7 years.

More detailed information about certain individual diseases and preventive measures taken against them including immunisation appear in the subsequent pages.

Table 27 gives the annual notifications over the past ten years.

Table 27
Number of notifications grouped according to year and disease.

DISEASE	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Smallpox	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	59	236	319	101	54	36	46	56	91	78
Measles	1142	828	1503	777	802	1698	312	1548	422	1541
Whooping Cough	106	7	18	118	23	22	20	100	2	33
Pneumonia (Primary and Influenzal)	64	50	92	52	56	32	27	17	17	17
Acute Encephalitis	—	—	4	—	1	1	—	—	—	1
Acute Poliomyelitis	3	16	—	—	4	—	—	—	—	—
Meningococcal infection	8	3	1	5	1	2	—	—	1	—
Typhoid Fever... ..	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	1	—	—	1	—	—	—	—
Dysentery	79	71	336	651	131	258	73	23	88	44
Food Poisoning	24	21	31	51	13	14	16	9	6	16
Erysipelas	6	3	7	7	6	4	2	4	4	4
Tuberculosis, Pulmonary	49	43	48	39	49	45	48	46	40	36
Tuberculosis, Non-Pulmonary	11	8	3	4	7	5	6	9	7	11
Puerperal Pyrexia	39	39	32	44	37	35	28	19	11	9
Ophthalmia Neonatorum	8	4	8	4	2	3	—	1	1	2
Malaria	—	—	—	2	—	—	1	—	1	1
Infective Hepatitis	18	59	262	178	58	35	44	34	28	23

Table 28 gives the cases notified during the present year arranged according to disease and age at notification.

Table 28.
Notifiable Infectious Diseases (excluding Tuberculosis)
occurring during the year, showing age grouping, degree of
hospitalisation and mortality.

DISEASE	CASES NOTIFIED														TOTAL	Cases admitted to hospital	DEATHS
	Under 1	1—	2—	3—	4—	5—	10—	15—	25—	35—	45—	65 and over	Age unknown				
Scarlet Fever	—	2	5	13	12	37	8	—	1	—	—	—	—	78	2	—	
Measles	63	211	256	249	262	471	14	2	—	—	—	—	13	1541	3	—	
Whooping Cough	3	3	5	4	6	11	1	—	—	—	—	—	—	33	1	—	
Acute Pneumonia (Primary and Influenzal)	1	—	1	—	1	2	—	—	1	1	4	4	2	17	1	54	
Puerperal Pyrexia	—	—	—	—	—	—	—	1	5	3	—	—	—	9	8	—	
Erysipelas	—	—	—	—	—	—	—	1	—	1	2	—	—	4	—	—	
Dysentery	2	4	3	1	1	10	2	6	3	3	5	1	3	44	3	—	
Acute Encephalitis	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Anterior Poliomyelitis and Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	
Food Poisoning	1	—	1	1	1	3	1	2	2	1	2	—	1	16	—	—	
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	
Infective Hepatitis	—	—	—	1	1	4	3	5	4	2	2	—	1	23	—	—	
	72	220	271	269	284	540	29	17	16	11	15	5	20	1769	21	54	

Smallpox.

No case occurred in either the town or the port during the year. Persons arriving from overseas from areas where Smallpox is endemic and who had not got a valid certificate of vaccination were placed under observation on arrival. The number of primary vaccinations of children under 5 years of age carried out by the general practitioners was 407. This is equivalent to 22% of the live births during 1966. A slight decrease over 1965.

Table 29.
Vaccination against Smallpox.

	0—3 Months	3—6 Months	6—9 Months	9—12 Months	1—2 Years	2—4 Years	5—14 Years	15+ Years	Total
Number Vaccinated	3	7	3	3	221	170	64	22	493
Number Re-Vaccinated	—	—	—	—	—	—	—	—	—
	3	7	3	3	221	170	64	22	493

Table 30.
Diphtheria Immunisation Index
31st December, 1966.

Age on 31.12.66 (i.e., born in year)	Under 1 1966	1—4 1962-1965	5—9 1957-1961	10—14 1952-1956	Under 15 Total
A. Number of children whose last course was completed in the period 1962-66.	504	5,639	6,027	4,630	16,800
B. Number of children whose last course was completed in the period 1961 or earlier.	—	—	2,023	3,621	5,644
C. Estimated mid-year child population.	1,930	7,570	7,600	7,600	24,700
Immunity Index 100 A/ C.	26.11	74.49	79.30	60.92	68.02

Table 31.
Number of children receiving a full primary course of diphtheria immunisation

YEAR DIPHTHERIA IMMUNISATION COMPLETED																
Annual Births	YEAR OF BIRTH															
	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	Total
1952	99															99
1953	692	122														814
1954	225	929	178													1332
1955	77	179	824	199												1279
1956	40	53	116	818	211											1238
1957	57	27	45	113	796	195										1233
1958	110	101	58	79	139	900	199									1586
1959	18	79	87	28	48	121	688	192								1261
1960	16	23	108	62	40	56	186	877	228							1596
1961	11	22	24	102	77	58	94	229	979	186						1782
1962	10	3	11	15	106	88	28	33	147	807	165					1413
1963	138	3	3	6	19	94	102	32	66	240	1160	408				2271
1964	4	128	4	1	7	12	107	110	30	68	137	1003	433			2044
1965	—	4	112	8	6	6	17	88	110	55	65	96	1073	471		2111
1966	—	1	2	100	2	1	5	14	93	64	24	35	63	962	373	1739
Total	1497	1674	1572	1531	1451	1531	1426	1575	1653	1420	1551	1542	1569	1433	373	21798

YEAR DIPHTEHRIA IMMUNISATION COMPLETED

Diphtheria.

No case of diphtheria has occurred in Preston for the past 15 years. This fact is possibly reflected in the fact that the number of children completing a full primary course of diphtheria immunisation fell to the lowest figure since 1963. Constant effort is required to counteract public apathy. The immunity index for children under one year of age was 26.11% a drop from 27.72% for 1965. The immunity index however for children aged over one year but under five years was 74.49% an increase from the figure of 72.81% for 1965. The index for all children under 15 years of age who had received a primary course or booster dose within the preceding five years was 68.02% an increase from 1965's figure of 67.74%.

Tetanus.

Tetanus immunisation is provided in a combined form and the numbers immunised closely parallel those for diphtheria and whooping cough. There is a drop in numbers of both school and pre-school children who received primary tetanus immunisation compared with the 1965 figures. The immunity index for children under one year of age for tetanus was 26.11% and for children aged one year but under five years of age was 74.46%. The index for all children under 15 years of age who had received a primary course within the preceding five years was 67.00%.

Table 32
Tetanus Immunisation Index
31st December, 1966

Age on 31.12.66 (i.e., born in year)	Under 1 1966	1—4 1962-1965	5—9 1957-1961	10—14 1952-1956	Under 15 Total
A. Number of children whose last course was completed in the period 1962-66	504	5,637	5,797	4,606	16,544
B. Number of children whose last course was completed in the period 1961 or earlier.	—	—	587	251	838
C. Estimated mid-year child population.	1,390	7,570	7,600	7,600	24,700
Immunity Index 100 A/C.	26.11	74.46	76.28	60.61	67.00

Table 33
Tetanus Immunisation

	Year of Birth																Total	
	Year	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	School	Pre-School
Children who received primary tetanus immunisation.	1961	2	7	6	38	182	19	40	80	590	183	—	—	—	—	—	229	918
	1962	9	12	34	44	464	247	24	26	131	681	111	—	—	—	—	810	973
	1963	1024	14	12	20	52	504	430	42	71	248	1175	407	—	—	—	2035	1964
	1964	32	996	9	4	17	27	448	516	31	68	137	1003	433	—	—	2040	1681
	1965	—	14	971	22	11	12	42	435	406	55	65	96	1073	471	—	1901	1772
	1966	—	3	17	773	7	3	14	27	172	68	24	35	63	962	373	1074	1467
Children who received re-inforcing injections.	1961	—	2	2	9	32	6	—	1	2	—	—	—	—	—	—	43	11
	1962	5	—	—	5	40	35	—	3	2	2	—	—	—	—	—	85	7
	1963	316	6	12	21	82	444	64	21	33	169	200	—	—	—	—	950	418
	1964	687	297	4	13	34	199	605	108	36	143	656	551	2	—	—	1940	1395
	1965	2	646	354	11	16	33	268	739	234	43	59	442	621	—	—	2291	1177
	1966	—	3	571	258	24	9	42	222	719	576	43	52	468	629	—	2400	1216

Measles.

There were 1,541 cases of measles notified during 1966. The number notified in 1965 was 422, and in 1964 1,548. No death occurred.

Whooping Cough.

33 cases were notified during 1966 in contrast to 2 cases in 1965 and a high incidence in 1964 of 100 cases. Of these 33 cases only one was admitted to hospital. The number of children immunised against whooping cough parallels those immunised against tetanus and diphtheria, as the vaccine is given in a combined form. The immunity index for children under one year of age was 26.11% a drop from the figure of 27.72% for 1965. The immunity index for children aged one year but under five years of age was 74.20% an increase from 72.37% for 1965. The index for all children under 15 years of age who had received a course of injections within the preceding five years was 51.02% an increase from 50.15% for 1965. Although the number of children receiving a full primary course of immunisation fell from 1,978 in 1965 to 1,622 in 1966, the number of children receiving a re-inforcement injection for whooping cough increased from 2,374 in 1965 to 2,400 in 1966. From September 1966 all immunisation and vaccination procedures carried on school children were performed on the school premises and not in the department's health centres as hitherto.

Table 34.
Whooping Cough Immunisation Index
31st December, 1966.

Age on 31.12.66 (i.e., born in year)	Under 1 1966	1—4 1962-1965	5—9 1957-1961	10—14 1952-1956	Under 15 Total
A. Number of children whose last course was completed in the period 1962-66.	504	5,617	5,925	557	12,603
B. Number of children whose last course was completed in the period 1961 or earlier.	—	—	2,052	6,455	8,507
C. Estimated mid-year child population.	1,930	7,570	7,600	7,600	24,700
Immunity Index 100 A/C.	26.11	74.20	77.95	7.32	51.02

Table 35.
Whooping Cough Immunisation.

Number of Children receiving a full primary course of immunisation.

YEAR WHOOPING COUGH IMMUNISATION COMPLETED																	
Annual Births	YEAR OF BIRTH																
	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966		
1960	1914	1823	1832	1843	1933	1864	1964	2023	2037	2210	2070	2152	2031	1956	Total		
1952	45														45		
1953	750	131													881		
1954	172	813	173												1158		
1955	47	126	773	187											1133		
1956	42	53	112	807	210										1224		
1957	40	22	44	110	782	192									1190		
1958	72	88	56	74	136	890	200								1516		
1959	10	82	78	25	45	119	685	192							1236		
1960	13	22	101	59	39	51	186	871	228						1570		
1961	10	21	22	97	76	57	93	227	976	186					1765		
1962	—	—	6	6	76	86	25	32	143	800	163				1337		
1963	—	—	—	—	17	92	101	36	69	250	1174	407			2146		
1964	—	—	1	—	4	9	106	108	30	68	133	993	428		1880		
1965	—	1	1	1	3	4	17	88	109	54	63	95	1071	471	1978		
1966	—	—	—	1	—	—	2	10	90	62	24	35	63	962	373	1622	
Total	1201	1359	1367	1367	1388	1500	1415	1564	1645	1420	1557	1530	1562	1433	373	20681	

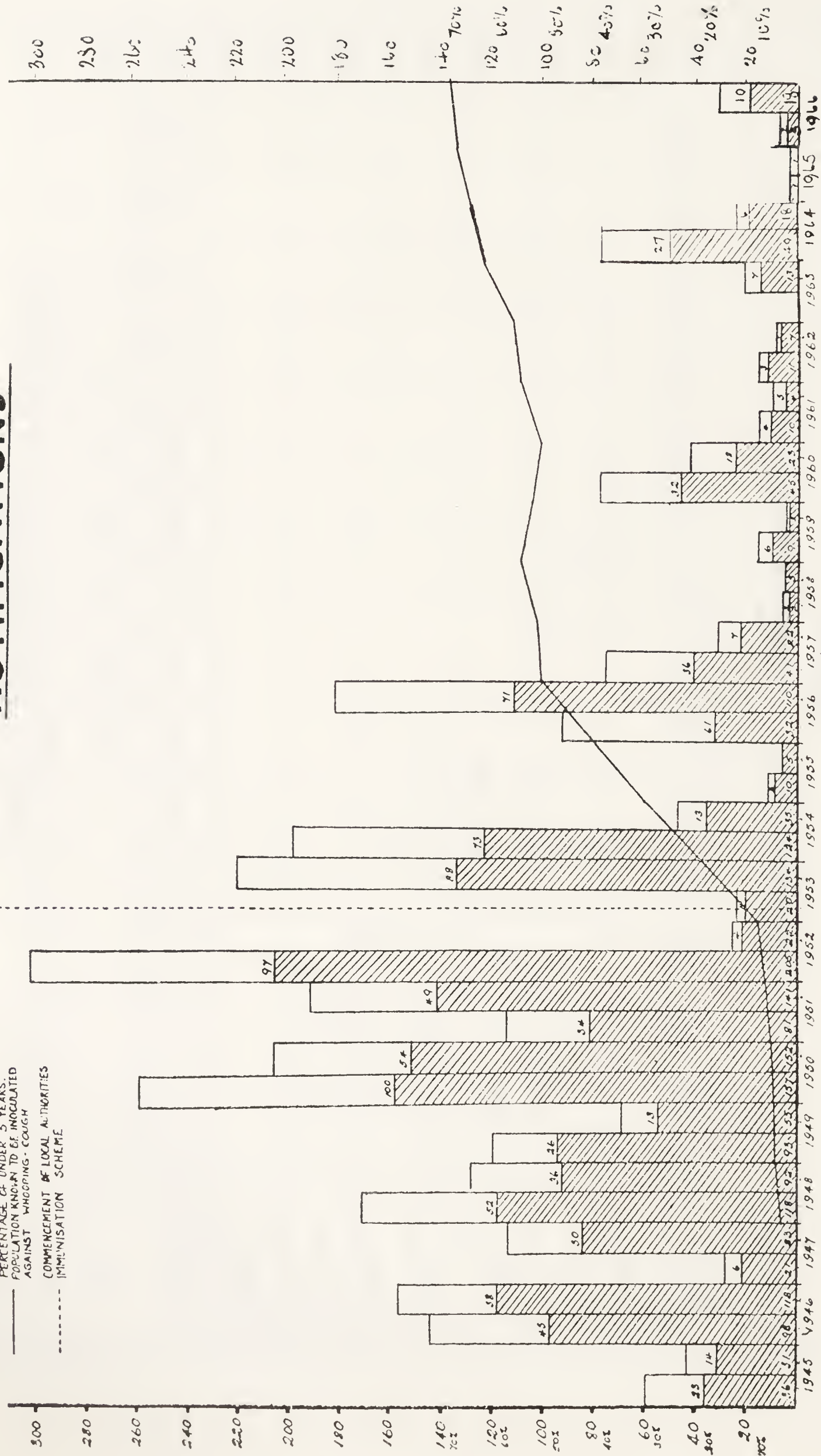
Table 36.
Whooping Cough — Re-Inforcement Injections

Year of Injection	YEAR OF BIRTH															Total
	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	
1956	9	1	—	—	—	—	—	—	—	—	—	—	—	—	—	10
1957	318	6	3	—	—	—	—	—	—	—	—	—	—	—	—	327
1958	408	465	5	2	—	—	—	—	—	—	—	—	—	—	—	880
1959	30	347	382	4	3	—	—	—	—	—	—	—	—	—	—	766
1960	17	40	376	403	10	1	1	—	—	—	—	—	—	—	—	848
1961	4	11	29	361	396	11	—	3	2	—	—	—	—	—	—	817
1962	2	2	3	9	364	303	2	3	7	2	—	—	—	—	—	697
1963	2	2	1	2	23	485	425	21	30	168	199	—	—	—	—	1358
1964	2	9	—	—	17	63	515	553	36	143	656	549	2	—	—	2545
1965	—	—	5	1	6	12	100	540	567	40	54	432	616	1	—	2374
1966	—	—	2	8	1	4	12	71	530	580	43	52	468	629	—	2400

WHOOPING-COUGH

NOTIFICATIONS

- CASES 5 YEARS & OVER.
- CASES UNDER 5 YEARS OF AGE
- PERCENTAGE OF UNDER 5 YEARS. POPULATION KNOWN TO BE INOCULATED AGAINST WHOOPING-COUGH
- COMMENCEMENT OF LOCAL AUTHORITIES IMMUNISATION SCHEME



• HALF-YEARS NUMBERED •

~ YEAR ~

Table 37.
Whooping Cough Incidence in Association with Immunisation.

Year	0—4 Years						5+ Years	
	Popula- tion	No. Immu- nised	Total Cases				Total Cases	
			Unim- munised	Group Attack Rate per 100	Immu- nised	Group Attack Rate per 100	Unim- munised	Immu- nised
1953	9,400	1,730	148	1.9	3	0.17	95	0
1954	9,200	2,818	153	2.4	7	0.25	85	0
1955	8,900	3,649	10	0.2	5	0.14	2	0
1956	8,800	4,441	126	2.9	16	0.36	124	8
1957	8,700	4,535	55	1.3	8	0.17	38	5
1958	8,700	4,679	3	0.07	2	0.04	2	0
1959	8,700	4,373	9	0.21	2	0.04	6	1
1960	8,900	4,492	59	1.34	9	0.20	37	13
1961	9,000	4,914	11	0.27	3	0.06	9	0
1962	9,300	5,107	14	0.36	4	0.08	3	1
1963	9,300	5,754	10	0.28	2	0.03	7	1
1964	9,500	6,048	52	1.54	15	0.25	24	9
1965	9,600	6,356	—	—	2	0.02	—	—
1966	9,500	6,455	15	1.37	6	0.09	9	3

Acute Encephalitis.

One case of acute encephalitis was notified in 1966, the first for four years. This case was unique in that it demonstrated dual pathology. An 8 year old girl developed signs of an acute encephalitis. Two days after the prodromal signs of this illness she exhibited chickenpox like lesions. In post infectious acute encephalitis the encephalitis may occasionally precede the rash. However the occurrence of the rash after the onset of signs of acute encephalitis did suggest the possibility of dual pathology. As the herald case in a poliomyelitis outbreak is sometimes overlooked it was felt essential to clarify any doubts there might be.

Echo virus type 7 was isolated from 3 stool specimens submitted from the girl, and complement fixation tests for Varicella Zoster and Echo 7 viruses showed a significant rise in titre between sera for both viruses. It was clear that this girl had been infected with both chickenpox and Echo 7 viruses.

Poliomyelitis.

For the fifth successive year no case of poliomyelitis occurred in the borough.

The following tables show the number of vaccinations carried out during the year and the total number of children under 16 years of age who have been protected. The vaccination figures for poliomyelitis do not stand comparison with the figures for 1965. This is because in 1965 there was an undue demand for vaccination from the public as a whole due to an epidemic of poliomyelitis in Blackburn.

Table 38.
POLIOMYELITIS VACCINATION, 1966

PRIMARY VACCINATION				
Age Group				Number of Persons who have received three doses of Oral Vaccine
Children born in 1966	..	..	..	274
Children born in 1965	..	..	..	1,002
Children born in 1964	..	..	..	51
Children born in years 1960-1963	..	..		124
Children born in years 1951-1959	..	..		53
Total	..	..		1,504
REINFORCING DOSES				
Age Group				Number of Persons who have received a reinforcing dose of Oral Vaccine
Children born in 1966	..	..	..	—
Children born in 1965	..	..	..	—
Children born in 1964	..	..	..	—
Children born in years 1960-1963	..	..		513
Children born in years 1951-1959	..	..		442
Total	..	..		955
Number of Record Cards submitted by General Practitioners during the year				
<i>Primary Courses</i>		<i>Reinforcing Doses</i>		
55		22		

Table 39
POLIOMYELITIS VACCINATION

COURSE	YEAR OF BIRTH																Total
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	
Two Injections plus one Oral or three Oral	306	276	283	319	385	504	717	751	768	888	1413	1623	1545	1530	1388	274	12,970
Three Injections plus one Oral	362	407	374	439	391	713	834	740	735	761	311	291	158	16	—	—	6,532
Four Injections plus one Oral or Three Injections plus two Oral	941	920	880	795	654	517	139	166	237	236	4	—	5	—	—	—	5,494
Three Injections plus three Oral or Four Injections plus two Oral	153	160	154	114	113	71	—	—	4	6	8	—	—	—	—	—	783
Total	1762	1763	1691	1667	1543	1805	1690	1657	1744	1891	1736	1914	1708	1546	1388	274	25,779

Estimated % of Population immunised: 97.79%

Meningococcal Infection

No cases were reported during the year.

Dysentery.

34 cases of dysentery were notified in 1966, a decrease on the 1965 total of 88 notified.

Towards the end of December 1966 an outbreak of Sonne Dysentery occurred in an infants school in the town. This outbreak persisted well into 1967 and involved eventually a number of schools. Details of this outbreak will be more conveniently discussed in the annual report for 1967, as the outbreak involved eventually a considerable number of cases and the major part of it occurred in 1967.

Typhoid.

No case of typhoid fever occurred in the borough during 1966.

Paratyphoid.

No case of paratyphoid fever was notified in the borough during 1966. The last case of paratyphoid fever contracted in the borough was four years ago.

Food Poisoning.

There were 16 cases of food poisoning notified in 1966, an increase from 6 the previous year. Of these 16 cases notified, 7 were confirmed as having been infected

by an organism 3 cases in one family exhibited *Salmonella* Typhimurium, a fourth member, not notified, was a symptomless carrier. One isolated case exhibited *Salmonella* Liverpool. Two members of one family exhibited *Salmonella* Derby, but also at the same time one isolated case of *Salmonella* Derby occurred and no connection between this case and the two associated cases could be elicited.

Scarlet Fever.

78 cases of scarlet fever were notified in 1966, a decrease from 91 cases notified in 1965.

Infective Hepatitis.

There were 23 notifications of this disease during the year, the lowest since 1957, the first full year of compulsory notification of infective hepatitis in Preston. In only one case was the diagnosis subsequently in doubt, and this person, a middle aged woman, is listed for gall bladder investigations.

Of the 23 cases, 12 were females, 11 males. Once again almost all the cases occurred in the east of the town, especially in the Fishwick and Deepdale areas. Only 8 of the cases were school children, and these were from five different schools.

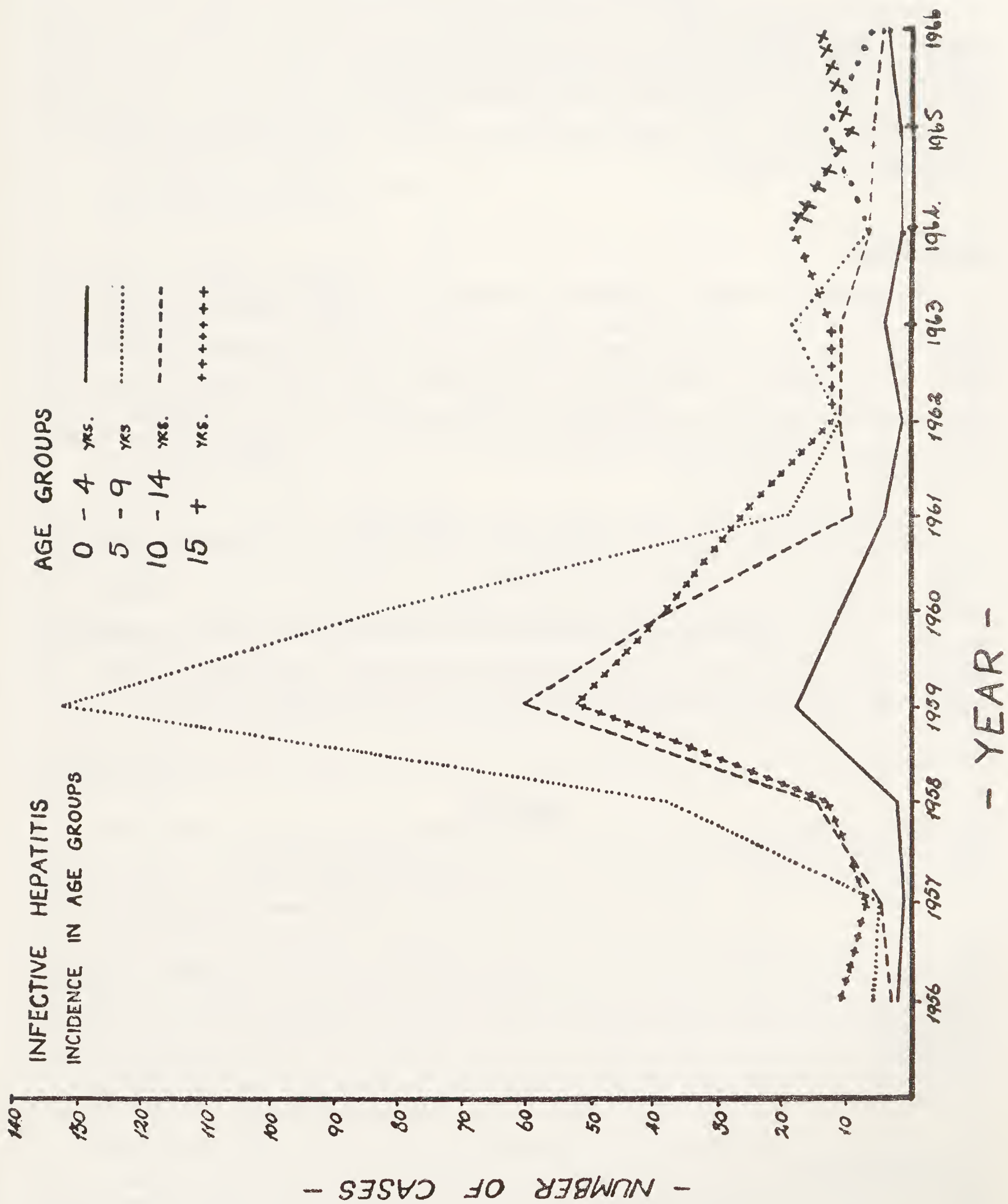
The severity of the disease was mainly mild, and no deaths from the disease were notified.

The accompanying graph illustrates the age incidence, while table 40 gives the seasonal incidence.

It was agreed during the year to collaborate with the Public Health Laboratory Service, Colindale, in field trials of gamma globulin in the prevention of spread of infective hepatitis in institutions. No institutional outbreak occurred subsequently in the year for this decision to be implemented. In the future event of at least two notified cases of the disease occurring in an institution (e.g. school or day nursery), decision will be taken whether gamma globulin by injection should be offered to a random sample of contacts or whether only a survey of the subsequent incidence of the illness should be recorded.

Table 40.												
Infective Hepatitis.												
SEASONAL INCIDENCE.												
YEAR												
Month		1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
January	...	6	5	2	35	19	10	2	5	3	2	6
February	...	—	1	3	18	13	5	—	6	—	—	3
March	...	7	1	—	16	25	9	2	3	2	1	3
April	...	8	2	—	26	25	8	4	5	—	1	2
May	...	7	1	1	30	11	7	2	2	1	3	2
June	...	10	1	4	20	10	3	3	1	2	1	2
July	...	3	1	8	26	10	6	2	4	2	4	—
August	...	3	2	10	15	11	3	4	2	4	3	—
September	...	*7	—	7	18	15	2	4	3	4	2	1
October	...	9	4	13	26	11	2	6	3	9	7	2
November	...	9	—	14	22	11	1	2	4	4	2	1
December	...	1	—	6	10	17	2	4	6	1	2	1
		70	18	68	262	178	58	35	44	32	28	23

* Notifiable from 17.9.56



Malaria.

As was the case in 1965, one case of malaria was notified in 1966. This was a case of benign tertian malaria contracted abroad by a six year old boy of foreign origin. He had been investigated for malaria in September 1965 but blood films taken then were negative, although he had symptoms suggestive of malaria. In May 1966 he developed rigors and a high temperature at night. The blood film was positive for benign tertian malaria.

Tuberculosis.

The number of cases of pulmonary tuberculosis notified in 1966 was 36, the lowest number ever. The number of non-pulmonary tuberculosis cases notified for 1966 was 11, an increase from 7 the previous year, and was the highest number since 1957. Total number of notifications of tuberculosis (all causes), was 47, exactly the same number as had been notified the previous year, this being the lowest number for six years. A comparatively high proportion of these cases again occurred among commonwealth immigrants.

The tuberculosis rate per 1,000 of the population decreased for respiratory tuberculosis from .37 in 1965 to .34. Except for 1960 when the rate was the same, this is the lowest rate for incidence of tuberculosis ever recorded in Preston. The rate per 1,000 population for non-respiratory tuberculosis increased from .07 in 1965 to .10 in 1966. Seven deaths occurred in 1966 whose cause was attributed to respiratory tuberculosis. There were no deaths from non-respiratory tuberculosis in 1966. This gives a death rate for respiratory tuberculosis per 1,000 population of .06.

Table 41.														
Age periods	FORMAL NOTIFICATION													
	No. of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total All Ages
Respiratory, Males ...	—	—	—	—	—	2	3	7	1	4	7	2	—	26
Respiratory, Females ...	—	—	—	1	—	1	1	3	3	—	1	—	—	10
Non-Respiratory, Males ...	—	—	—	—	2	4	1	—	2	—	—	—	—	9
Non-Respiratory, Females ...	—	—	—	—	—	—	2	—	—	—	—	—	—	2

Table 42. Notification Register.

	Respiratory			Non-respiratory			Total Cases
	Male	Female	Total	Male	Female	Total	
Number of cases of Tuberculosis remaining on the 31st December, 1966, on the Register of Notifications kept by the Medical Officer of Health ...	245	166	411	37	53	90	501
Number of cases removed from the Register during the year by reason, <i>inter alia</i> , of :—							
1. Withdrawal of notification	—	—	—	—	—	—	—
2. Recovery from the disease... ..	8	11	19	—	—	—	19
3. Deaths (all causes) ...	4	—	4	—	1	1	5
4. Outward Transfers ...	7	3	10	3	—	3	13
5. Otherwise (Lost sight of, etc.)	—	—	—	—	—	—	—

Prevention of illness, care and after-care as applied to tuberculosis.

Domiciliary follow-up of cases of tuberculosis who are being treated at home is undertaken by the health visitors in the normal course of their duties. The health visitors also investigate all households when new cases are notified to ascertain and arrange for the examination of contacts. During the year a total of 472 households were visited.

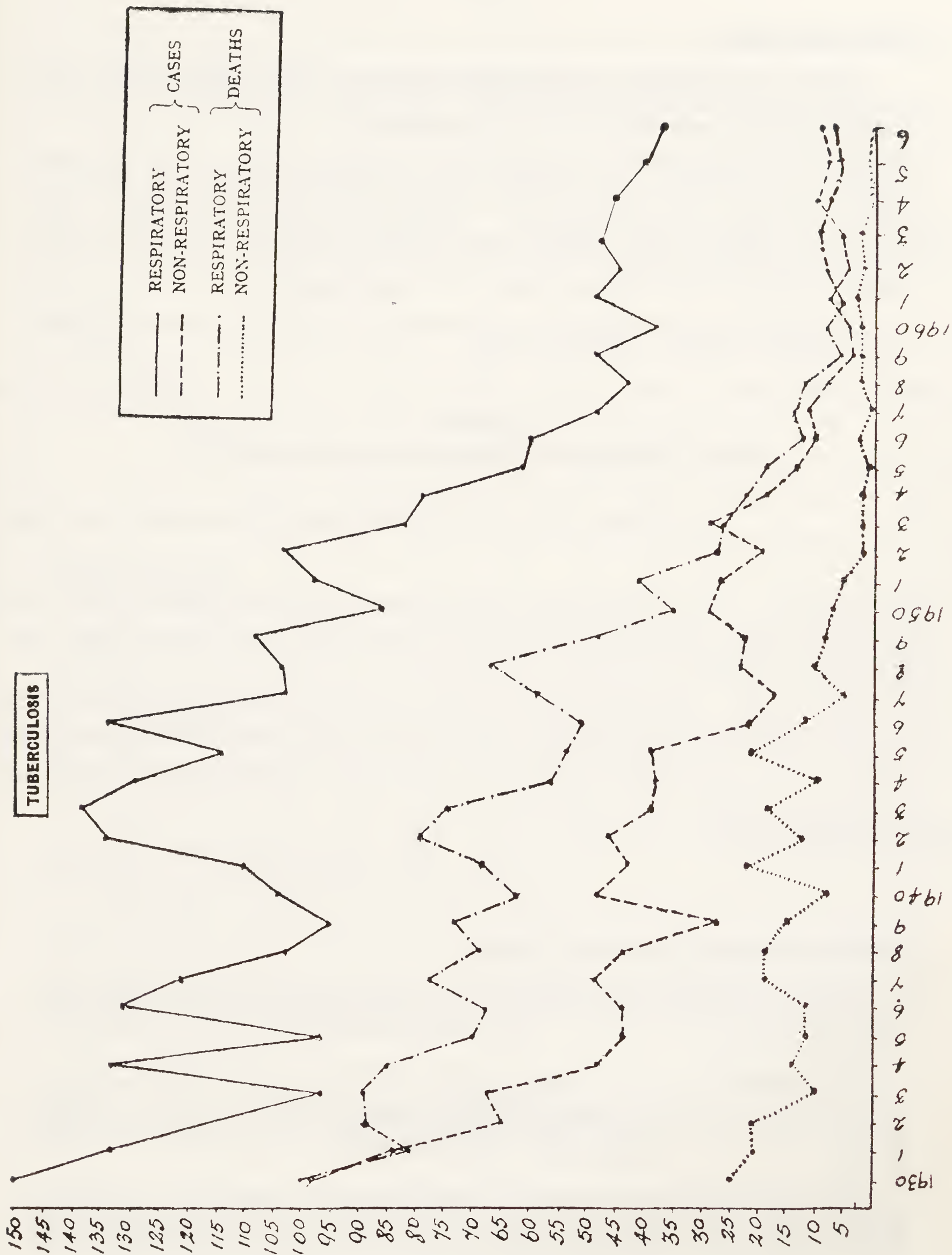
Under the scheme for the examination of contacts, 327 persons were skin tested at the chest clinic and 44 were found to have positive reactions. Of the remainder who had negative reactions 283 were given B.C.G. vaccination. A further 25 were vaccinated without prior skin tests.

The night sanatorium arrangements were reviewed during the year. It was decided to close the four chalets owned by the Health Committee, situated in the grounds of Ribbleson hospital, at the end of October, 1966. The chalets were opened in 1952 to act as a half-way house for cases of tuberculosis, who had been treated in the hospital and were not yet suitable to return fully to the community. Changes in the treatment of tuberculosis have over the years altered the progression of the disease and the need for providing such facilities had now become superfluous.

The mobile mass miniature radiography unit of the Manchester Regional Hospital Board made its annual visit to Preston from January to March and operated in the central area of the town where 15,203 persons volunteered for examination. 13 were found to have active pulmonary tuberculosis, 14 to require further observation and 6 to have cancer of the lung.

Table 43.
Tuberculosis.

Population	Year	No. of cases notified		Rates per 1,000 population		No. of Deaths		Rates per 1,000 population	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
126100	1930	150	97	1.19	.77	100	25	.79	.20
120100	1931	133	84	1.12	.71	82	21	.69	.18
118500	1932	116	65	.98	.55	89	21	.75	.18
117800	1933	96	67	.81	.57	89	10	.76	.08
117490	1934	133	48	1.13	.41	85	14	.72	.12
116200	1935	96	44	.83	.38	70	12	.60	.10
115200	1936	131	44	1.14	.38	68	12	.59	.10
113600	1937	121	49	1.07	.43	77	19	.68	.17
113600	1938	103	44	.91	.39	69	19	.61	.17
112800	1939	95	27	.84	.24	73	15	.65	.13
108500	1940	104	47	.96	.43	63	8	.58	.07
111490	1941	110	43	.99	.39	68	22	.61	.20
110000	1942	133	46	1.21	.42	79	12	.72	.11
109100	1943	138	39	1.26	.36	74	18	.68	.16
108190	1944	129	38	1.19	.35	56	10	.52	.09
108480	1945	114	39	1.05	.36	54	21	.50	.19
114070	1946	134	21	1.17	.18	52	12	.46	.10
116520	1947	103	17	.90	.15	59	5	.51	.04
118130	1948	104	23	.88	.19	66	10	.56	.08
119500	1949	107	22	.90	.18	48	9	.40	.08
120300	1950	86	29	.71	.24	35	7	.29	.06
118100	1951	97	27	.82	.23	41	5	.35	.04
119200	1952	103	19	.86	.16	27	1	.23	.01
118900	1953	82	29	.69	.24	26	1	.22	.01
118400	1954	79	19	.67	.16	22	1	.19	.01
117400	1955	61	13	.52	.11	19	—	.16	—
117200	1956	60	10	.51	.08	11	1	.09	.01
116200	1957	49	11	.42	.09	13	—	.11	—
115100	1958	43	8	.37	.07	11	1	.09	.01
114200	1959	48	3	.42	.03	5	1	.04	.01
113460	1960	39	4	.34	.03	7	1	.06	.01
113170	1961	49	7	.43	.06	5	2	.04	.02
112130	1962	45	5	.40	.04	8	1	.07	.01
111670	1963	48	6	.43	.05	10	3	.09	.03
110390	1964	46	9	.42	.08	9	—	.08	—
109030	1965	40	7	.37	.07	6	1	.05	.01
107400	1966	36	11	.34	.10	7	—	.06	—



B.C.G. Vaccination.

Consent for vaccination was given by the parents of 1,450 children out of a total of 1,726 who were in their fourteenth year. This number of acceptances is 84% of the total and is at a similar level to the previous year.

Heaf tests were carried out on 1,214 of those consenting and also on 161 defaulters from previous years. In all 1,375 vaccinations were carried out which is approximately the same number as the previous year. Of these 177 children were positive. The percentage of children with a positive reaction to the total number tested was 12.8%. This is the lowest percentage since 1954. A total of 1,194 children were found to have negative reactions and 1,192 were given B.C.G. vaccinations.

Among the positive reactors 32 were found to be strongly positive and these were referred to the Chest Clinic for X-ray.

Table 44.
B.C.G. Vaccination of thirteen-year-old school children.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
No. tuberculin tested ..	925	1,037	1,039	982	1,071	1,033	1,492	1,512	1,454	1,524	1,241	1,309	1,375
No. of tuberculin positives..	249	253	286	269	245	190	265	272	296	319	239	226	177
Percentage positive reaction to total tuberculin tested..	26.9	24.4	27.5	27.4	22.9	18.4	17.76	17.99	20.36	20.93	19.26	17.27	12.8
No. of tuberculin negatives .	675	784	753	713	824	843	1,227	1,240	1,158	1,205	1,002	1,083	1,194
No. vaccinated	675	784	745	705	804	820	1,219	1,230	1,150	1,202	998	1,082	1,192
No. of vaccinated who were tuberculin negative at 12 weeks after vaccination ..	4	184	3	7	83	49	24	13	—	—	—	—	—

Treatment of Scabies and Verminous Heads.

Greenbank health centre operated as the main cleansing centre while Cuttle Street Clinic and Avenham health centre were used as additional centres for treatment of verminous heads.

The number of cases of scabies treated in 1966 increased to 217 from 185 the previous year. The increase was attributable to a greater number of cases in children under 14. The total number of cases of scabies in 1966 was over double that treated in 1964.

The number of persons treated for verminous heads in 1966 fell to 1,863 from 2,432 in 1965. However, the persistence of what is for the 1960's a relatively high level in infection is a reflection on the lack of parental responsibility in many cases.

Table 45.

	GREENBANK				AVENHAM		CUTTLE ST.	
	Scabies		Verminous Heads		Verminous Heads		Verminous Heads	
	Cases	Treat-ments	Cases	Treat-ments	Cases	Treat-ments	Cases	Treat-ments
Men	32	53	2	2	—	—	—	—
Women	53	90	28	29	—	—	—	—
Boys (under 14) ...	71	116	166	166	68	68	345	345
Girls (under 14) ...	61	109	484	484	220	220	550	550
TOTAL ...	217	368	680	681	288	288	895	895

Venereal Diseases.

The venereal disease social worker employed by the health department, Miss Brocklebank, retired on the 25th May, 1966. The functions of the health visitor working under the direction of the consultant at the clinic at Preston Royal Infirmary has been absorbed into the work of health visitors in general.

During 1966, 32 letters were sent out from the clinic and 35 home visits were paid. Routine enquiry continues to be made on all ships by the Port Health Inspector and generally speaking seamen do not hesitate to come forward for treatment. Seamen seen at the clinic during the year numbered 59 as opposed to 63 in 1965.

The number of new cases of gonorrhoea attending Preston Royal Infirmary for treatment was 153 cases, an increase on 131 last year. This number is still however lower than for the years 1961 to 1964, inclusive.

The number of new cases of syphilis treated at Preston Royal Infirmary was 2 in 1966. This is a dramatic decrease on the numbers since 1959. Last year, 1965 there was the highest number of cases, 21, that had been recorded since 1957, but it did not indicate any significant increase in the disease and was within the normal pattern of annual variation. It remains to be seen whether the very low incidence of cases of syphilis for 1966 is an isolated phenomenon.

Table 46.
Preston County Borough.
Venereal Disease—New Cases.

	1966	1965	1964	1963	1962	1961	1960	1959
Gonorrhoea	153	131	187	184	179	173	151	105
Syphilis	2	21	16	19	19	11	13	15

Sanitary Circumstances of the Area

1. New Legislation.

Enactments extending the functions of the authority and which came into operation during the year were:

- The Oil Heaters Regulations, 1966 (operative June, 1966).
- The Construction (Health and Welfare Regulations, 1966 (operative May, 1966).
- The Housing (Prescribed Forms) Regulations, 1966 (operative March, 1966).
- The Meat Inspection (Amendment) Regulations, 1966 (operative Sept., 1966).
- The Antioxidant in Food Regulations, 1966 (operative Dec., 1966),
- The Mineral Hydrocarbons in Food Regulations, 1966 (operative Aug., 1966).
- The Skimmed Milk with Non-Milk Fat (Amendment) Regulations, 1966 (operative July, 1966).
- The Salad Cream Regulations, 1966 (operative Sept., 1966).
- The Washing Facilities Regulations, 1964 (operative Jan., 1966).
- The Sanitary Conveniences Regulations, 1964 (operative Jan., 1966).
- The Offices, Shops and Railway Premises Act, 1963 (Exemption No. 3) Order, 1965 (operative Jan., 1966).
- The Public Health (Ships) Regulations, 1966 (operative April, 1966).

No new major national legislation applicable to the department became operative during the year, but consolidation and additional power to existing law was undertaken by the Regulations and Orders set out.

Locally of course there was also the coming into force of Smoke Control Orders numbered 13, 14 and 15. These are referred to in the paragraph on atmospheric pollution.

2. Staffing.

Of the student public health inspectorate establishment, one was successful at the third year stage and has now passed to his final year.

The two junior students who joined the department in August, 1965 passed their preliminary examination in 1966 and are now entered on their intermediate year.

The strength of the inspectorate remained at full establishment for part of the year, two inspectors resigning, one in September and one in December, to take up other appointments. One of these was replaced by a new appointment in December.

3. Liaison.

Relationships with other departments of the Corporation, Ministry officers, and others was during the year maintained at a happy and profitable level.

4. Water.

The water supply of the borough is provided by the Preston and District Water Board, which was constituted by an amalgamation of the Preston Corporation water undertaking with that belonging to Fulwood Urban District Council. The Board is administered by representatives of the various district councils who are supplied by the undertaking.

The water is an upland surface supply with catchment areas in the hilly moorland area of the Trough of Bowland.

Storage reservoirs and treatment plant are located in the Longridge Urban District Council area.

I am indebted to the manager of the Water Board, Mr. J. F. Bailey, A.M.Inst.C.E., M.Inst.W.E., for data and information on the purity and quality of the supply provided.

Bacteriological analyses were made of the raw water as follows:

- 69 samples from intakes.
- 21 samples from aqueducts.
- 52 samples from reservoirs.
- 40 samples from consumers' premises.

There has not been any case of contamination indicated by the above samples taken in the area during the year, the White Bull Treatment Plant having dealt satisfactorily with the varying quality of the water leaving the reservoirs. The water supply has been satisfactory both in quality and quantity. The Sampling Officer also submitted fourteen samples from consumer supplies. Two of these were classified unsatisfactory but the follow-up samples were highly satisfactory.

With regard to lead, the usual pH correction was carried out continuously at the White Bull Treatment Plant, giving an outgoing figure of the order of 8.4, with resultant values at the Deepdale Offices of around 7.6 to 7.7.

Details of a recent chemical analysis of water taken in Preston are as follows:

Physical Properties—

Colour (Hazen Units)	20
--------------------------	-----	-----	-----	-----	-----	----

Analytical Returns expressed in parts per million—

Total solid Residue (Dried at 180°F)	...	...	...	68.0
Oxygen required to oxydise	{ in 15 mins.	...	...	0.53
	{ in 3 hours	...	...	1.56
Ammonia—Free and Saline	...	...	...	0.022
Ammonia—Albuminoid	...	...	...	0.07
Nitrogen as Nitrates	...	...	...	0.40
Nitrogen as Nitrites	...	...	...	Nil
Chlorides	...	...	...	12.0
Temporary Hardness	...	...	...	4.0
Permanent Hardness	...	...	...	24.0
Total Hardness	...	...	...	28.0
pH Value	...	...	...	7.1

No supplies are normally by stand-pipes.

35,715 dwelling houses and a population of 107,400 are served directly from the Board's mains.

5. Sewerage.

The whole of the town except one low-lying area occupied by one or two farms is on the main sewage disposal system for the borough.

Except in the area described all private and public sanitary accommodation is water borne and the arrangements generally are considered adequate.

Contamination of Eaves and Savick Brooks recurred during the year in association with blockage of sewers and consequential malfunctioning of the storm water overflows.

Though remedial action to remove the blockages was undertaken further difficulties have occurred and the position at the end of the year was still unsatisfactory.

6. Sanitary Circumstances.

The town is divided into seven public health districts, one inspector being responsible for each. These areas of the town have populations varying from 12,000 to 16,000 inhabitants each. There is also a proportion of industrial and commercial property on each, all of which has call for the services of the public health inspector from time to time.

(a) GENERAL SANITARY DEFECTS.

Table 48 shows sanitary improvements carried out as a result of action by the public health inspectors.

With the disappearance of large groups of sub-standard houses by Housing Act action the routine visiting to this kind of property which was a regular feature of his daily work in the past has now become considerably reduced.

This can be seen in the drop in such items as "roof repairs", "dampness remedied", "plasterwork renewed", in the details of sanitary improvements carried out.

Some items, however, still remain and are a constant call for attention by the Public Health Inspectors. Infestations are ever recurrent, but with a difference. In the past these were mainly caused by bugs and fleas, but with more affluence and better living these are now a comparative rarity. Replacing them, however, are cockroaches. It is not easy to determine how this has come about. But some areas of the town seem more prone than others. Whether the property affected is erected on filled in ground or the materials used in construction harbours these pests is not yet certain, but demands for treatment of houses have increased in recent years, and 1966 was no exception.

A total of 202 informal notices and 70 statutory notices were served under the Public Health Act during the year. The latter are itemised in Table 49.

One person was prosecuted under Section 94, Public Health Act, 1936 for failure to comply with an abatement notice under Section 93 requiring the abatement of a statutory nuisance at a house of which she was the owner. A nuisance order was made to abate the nuisance within two months.

(b) CONTROL OF CARAVAN SITES.

There has been no change in the circumstances affecting those sites which have long been established in the town.

One disturbing feature regarding the use of caravans has, however, reached such proportions that it cannot be ignored. I refer to the colonies of itinerants who use sites in the area on which to station their caravans.

They frequent sites cleared of houses, mostly Corporation owned land, without any consent to do so. It has been necessary to employ a bailiff to move them, but with a large number of sites to choose from these people simply move from one to another.

There are anything up to 20 vans at any time on a site and their mobility enables their users to get from one place to another easily and quickly. Unfortunately each move results in all manner of unwanted waste and scrap being left behind. This includes waste food, ashes, scrap metal, and discarded household articles and clothing. The Cleansing Department have cleared up after these people on many occasions only for the sites to become as littered as ever after the next visitation.

There is no sanitation, water supply, means of disposal of waste water or refuse on any of these sites.

These people are often dirty in their habits and frequently give cause for complaint of nuisance, contravention of smoke control requirements, etc. Approaches by public health inspectors are frequently made; the response varies from surliness to direct refusal to co-operate.

Enforcement of any legal requirements is virtually impossible. names given are often fictitious, and any threat of formal action means instant departure of the person concerned from the district.

To move them out of the district means they cause similar embarrassment in another local authority area. The only solution would seem to be settlement on a properly constructed site, with rents and other responsibilities thrust upon them and which at the moment they avoid having neither civic responsibility nor sense of citizenship.

In all 127 visits were paid to the various sites by inspectors during the year.

(c) COMMON LODGING HOUSES.

With the demolition of the two remaining common lodging houses such premises ceased to exist in the borough.

With a steady rise in the standards and modes of living common lodging houses, of which in their hey day there were 34 in the borough including 3 for women and some providing accommodation for families, are no longer with us. But another class of accommodation which although akin to such places but which does not come within the legal definition of a common lodging house has become a feature of the times. These are variously described as working men's lodgings, drivers' overnight accommodation, etc.

Many larger and older houses in the town are providing lodgings for large numbers of men. Some are of poor standard, with minimum facilities, and with several men sharing a room. As the law stands they cannot be controlled by any public health legislation as rigidly as were the common lodging houses.

It is felt that requirements based on similar lines to Part IX, Public Health Act, 1936 and Regulations made thereunder should be considered on a modernised basis to deal with such places.

(d) PLACES OF PUBLIC ENTERTAINMENT.

Again the trend of the times is reflected in such places as those provided for the entertainment of the public.

Cinemas in the town are now reduced to four as against a peak number of 13. Whilst some of these have been demolished, others have been converted to use as bingo halls. The site of one cinema is occupied by a bowling alley and its associated facilities.

There still remains one billiards hall as against half a dozen, whilst dance halls and live theatres are reduced to a total of one each with some 20 halls holding licences for occasional dances.

Generally standards of cleanliness are good and only minor adjustments or repairs are required in the way of maintenance.

Close co-operation with the licensing section of the Borough Police is maintained in administering all places of public entertainment.

(e) OFFENSIVE TRADES.

There was little or no change in the circumstances at the various offensive trades in the borough.

A start was made during the year to provide alternative accommodation at the Borough Abattoir for the firm mentioned in the previous year's report which had been affected by Compulsory Purchase Order. It is hoped that the firm in question will soon be leaving their out dated premises for a modern and well constructed establishment.

(f) DISINFECTION AND DISINFESTATION.

The new depot at Deepdale Road has now become fully established and is proving a boon to the facilities and services provided.

Spraying by DDT carried out at the request of the Housing Department was undertaken in 181 cases. 117 other treatments were also carried out during the year.

(g) FACTORIES.

The work undertaken is summarised in tables, 50, 51 and 52.

Liaison is maintained at a happy level with H.M. Factories Inspectorate in this work which involves both them and the Public Health Inspectors.

But it is repeated that there is some duplication of effort and the whole of the welfare provisions of the Factories Act could well be left in the capable hands of the Factories Inspectors, leaving the Public Health Inspectors to get on with more local problems.

(h) RODENT CONTROL.

During the year a full treatment of the town's sewers was carried out for the first time using fluoroacetamide.

In all, 2,916 manholes out of a possible 2,981 were baited.

This treatment lasted from 18th April to 26th August. Workmen from the Highways Department carried out the work under the supervision of one of the rodent operators. The normal precautions in handling such material were strictly observed.

A subsequent test bait was carried out in November and December when some 30% of the manholes which had been treated were investigated.

This check revealed that the rodent activity appeared to have been reduced to infinitesimal proportions.

These are early days, however, and similar treatments over the next two years, with a subsequent and complete test will have to be undertaken before it can be said that this satisfactory state of affairs has been reached.

Other rodent control work in the town has followed the pattern of previous years. A summary of the work is given in table 53.

The Chief Public Health Inspector represented the Council at four meetings on rodent control held by the Ministry of Agriculture, Fisheries and Food during the year.

(i) CONSUMER PROTECTION ACT.

It was necessary to issue 7 warning letters about unsatisfactory appliances and in all 19 visits were paid by Inspectors to premises in connection therewith.

There is still the occasional unsatisfactory heating appliance, etc. being offered for sale, particularly by second hand dealers which calls for action. Consequently the provisions are still a safeguard to an unsuspecting public and at least one means of preventing accidents from unsatisfactory appliances.

(j) FERTILISERS AND FEEDINGSTUFFS ACT, 1926.

No application was received during the year for samples to be taken under Section 3 of the Act.

Twenty-seven samples of feedingstuffs and four samples of fertilisers were taken during the year and these are listed in Table 47.

One balanced pig meal and two sow and weaner meals contained copper in excess of that normally associated naturally with the ingredients. The Agricultural Analyst was of the opinion that it was a potentially deleterious ingredient and therefore should have been declared. Compounders were asked to consider making this declaration.

One sow and weaner meal contained less protein than that declared in the statutory statement.

One dairy nuts contained less oil and one dairy cubes contained less protein than that declared in the respective statutory statements.

One battery mash contained oil and protein in excess, one hybrid layer mash contained fibre in excess and one layers pellets contained oil in excess of that declared in the respective statutory statements.

One hoof and horn meal contained nitrogen in excess and organic rose fertiliser contained insoluble phosphoric acid in excess of that declared in the respective statutory statements.

In each instance the limits of variation were only marginally exceeded and the Agricultural Analyst was of the opinion that the differences were unlikely to be to the prejudice of a purchaser.

Raw bone meal contained nitrogen in excess and less phosphoric acid than that declared in the statutory statement and the Agricultural Analyst was of the opinion that the phosphoric acid deficiency might be to the prejudice of the purchaser. Investigation showed further stocks of this commodity were not available in the area.

Table 47
Fertilisers and Feedingstuffs

	Number taken	Satis- factory	Unsatis- factory
Balanced Pig Meal	1	—	1
Sow and Weaner Meal and Nuts	4	1	3
Pig Fattening Meal	3	3	—
Pig Finisher Meal	1	1	—
Dairy Nuts or Cubes	5	3	2
Coarse Dairy Ration	1	1	—
Heigh Yield Coarse Dairy Ration	1	1	—
Pig Meal No. 1	1	1	—
Battery Mash	3	2	1
Battery Deep Litter Pellets	1	1	—
Growers Mash (Intensive)	1	1	—
Hybrid Layers Crumbs and Mash	2	1	1
Intensive Laying Mash	1	1	—
Layers Pellets and Mash	2	1	1
Growmore General Fertiliser	1	1	—
Hoof and Horn Meal	1	—	1
Raw Bone Meal	1	—	1
Organic Rose Fertiliser	1	—	1
	31	19	12

(k) RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

At the end of the year there were eight premises registered in accordance with Section 2 of the above Act.

Two samples of rag flock, and one each of cotton felt and coir fibre were found to be satisfactory.

(l) PUBLIC CONVENIENCES.

The cleansing and maintenance staff now operate from the new depot in Deepdale Road which is a welcome addition to the facilities of the department providing as it does adequate storage, office and staff accommodation and a well equipped workshop for the execution of the day to day minor repairs.

Vandalism and staffing are the two outstanding problems so far as public conveniences are concerned.

Vandals have again caused expense and inconvenience to the public. Wilful damage cost £194 2s. 9d. Apart from this outlay this damage frequently puts a particular premises out of action until it is possible to execute repairs, with the consequential loss of an essential facility to some.

The stupidity of such individuals is as unpredictable as it is incurable.

With such a wide range of more lucrative and congenial ways of earning a living the cleaning of public conveniences appeals to the very few, and obtaining staff who are capable of carrying out the work effectively is always a problem.

The men have to be fairly mobile and the infirm and elderly are debarred by this requirement, further reducing the potential field of recruitment.

It has only been possible to maintain the various scattered conveniences in reasonably clean condition by manipulation of existing staff, having the men work overtime, and on occasion using the Department's vans to ferry men from place to place.

(m) PHARMACY AND POISONS ACT, 1933.

Under Part II of the above and the rules and orders made thereunder it is the responsibility of the public health inspectors to check registration of sellers of the poisons listed. These are in the main small mixed businesses selling liquids for washing, bleaching, etc., the main consideration being of course correct storage away from foodstuffs, etc.

In all, 11 visits were made during 1966 in connection with registrations or renewals thereof.

(n) HAIRDRESSING ESTABLISHMENTS.

The application of the local act requiring registration of all hairdressers in the borough still calls for vigilance. Although most are aware of the provisions of the act, there is still an occasional newcomer who opens up premises without first meeting this formality. This seems particularly so with ladies' establishments in which there appears to be a regular and frequent change of management or ownership.

This and the visiting of existing establishments has involved the staff in 41 visits.

(o) NOISE.

This is a problem of the age; although for the most part we have learned to live with it, there are still many noises which can and do cause distress, so that this source of nuisance looms larger each year as a cause for complaint.

1966 was no exception and more staff time was spent on such work than ever before.

The most difficult part is assessing noise and whether or not it constitutes a nuisance. What can be a source of trouble to one may not appear so bad to another. So that in spite of recommended standards determining that a particular source of noise is a statutory nuisance or not is still a matter of personal opinion.

To further the department's knowledge on this vexed question the Deputy Chief Public Health Inspector attended a course on assessment, measurement, and control of noise at Southampton University during the year.

In 1966 47 visits were paid by members of the department in connection with noise complaints.

No new abatement orders were obtained during the year, but three obtained in previous years are still operative.

(p) SWIMMING BATHS.

There are in the borough one large central establishment which contains large and small covered swimming baths, and three open air pools, owned by the council. There is also one small private swimming bath within the precincts of a boys' grammar school.

I am indebted to Mr. T. Bannister, Baths Superintendent, for the following data concerning the corporation-owned establishments:

THREE OPEN-AIR POOLS

<i>Situation</i>			<i>Dimension</i>	<i>Capacity</i>	<i>Frequency of Water Change</i>
Moor Park	...	...	100 ft. × 50 ft.	109,400 gals.	3 hours.
Haslam Park	...	...	100 ft. × 50 ft.	148,500 gals.	4 hours.
Ribbleton Park	...	...	100 ft. × 50 ft.	148,500 gals.	4 hours.

The water in these pools is clarified by pressure filters air scoured for back wash and sterilized by modern chlorination plants maintaining a free chlorine content of from .75 to 1.0 p.p.m. at the outlet.

ONE INDOOR ESTABLISHMENT COMPRISING TWO POOLS

<i>Situation</i>			<i>Dimension</i>	<i>Capacity</i>	<i>Frequency of Water Change</i>
Saul Street:					
Large Pool	...	...	100 ft. × 42 ft.	140,000 gals.	4 hours.
Small Pool	...	...	60 ft. × 30 ft.	56,000 gals.	4 hours.

The large pool is converted to a dance and concert hall during the winter months.

The water in these pools is heated, and clarified by means of pressure filters with mechanical agitation for back washing and sterilized by a modern chlorination plant maintaining a free chlorine content of from .75 to 1.0 p.p.m. at the outlet.

At all swimming pools water for the initial filling and make-up water after back washing is taken from the town's water supply.

Sulphate of Alumina is added to filter flocculation and a pH value of 7.6 to 8.0 maintained by the addition of soda ash.

Tests for free chlorine and pH value are taken twice daily and at all peak bathing periods. In addition to these manual tests there is at the indoor pool a 24-hour daily graph reading made by an automatic chlorine recorder.

At all pools readings of free and combined chlorine, pH, water temperature, number of bathers, date of filter back wash, state of weather, are entered in a daily log book, as is also the rate of filter turnover.

A three-year maintenance cycle is carried out at all pools, and in addition extensive reconditioning of the filter tanks and strainers was carried out.

Table 48.
Sanitary Improvements effected under the Public Health and Housing Acts.

Chimneys provided, repaired or renewed	7
Dampness remedied	83
Downspouts and gutters repaired and renewed	50
Drains or sewers tested	137
Drains or sewers repaired cleansed or renewed	212
Dustbins provided	8
Fireplaces repaired or renewed	11
Floors repaired or renewed	11
Food storage provided, improved, repaired or renewed	3
Lighting improved	2
Nuisances abated (general)	96
Overcrowding abated	47
Passages or yard surfaces flagged, etc.	9
Plasterwork repaired or renewed	50
Premises disinfested or cleansed	107
Premises treated for rats or mice or rendered rodent-proof	158
Roofs repaired or renewed	65
Sinks repaired, provided or renewed	6
Staircases repaired or renewed	3
Water service pipes provided, repaired or renewed	18
W.C. accommodation provided, repaired, renewed or converted	46
Woodwork including windows repaired or renewed	65
Ventilation improved	8
Other work done	16

Table 49.
Summary of Statutory Notices served under Public Health Act, 1936 and 1961

<i>Section</i>	<i>Public Health— Act, 1936</i>	<i>Number served</i>
39	Drainage	9
44	Closet accommodation	2
45	Closet accommodation	10
51	Water supply to w.c. cisterns	1
75	Provision of dust bins	2
83	Filthy or verminous premises	1
92/3	Abatement notices (statutory nuisances)	43
	<i>Public Health— Act, 1961</i>	
18	Drainage	1
26	Defective state of premises	1

Factories Act, 1961**Table 50.
Inspections.**

Premises	No. on the Register	No. of Inspections	No. of written notices	No. of Prosecutions
Non-mechanical factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	89	12	—	—
Mechanical factories in which Section 7 is enforced by the Local Authority	758	134	8	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)...	27	2	1	—
Totals	874	148	9	—

**Table 51.
Defects.**

Particulars and Section	No. of defects found	No. of defects remedied	No. referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)... ..	—	—	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient	1	1	—	1	—
(b) unsuitable or defective ...	10	10	—	5	—
(c) not separate for sexes ...	—	—	—	—	—
Other offences against the Act...	—	—	—	—	—
Totals	11	11	—	6	—

11. Outworkers.

Table 52.
(Sections 133 and 134).

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, Making, etc. }	3	—	—	—	—	—

Table 53.
Prevention of Damage by Pests Act, 1949.

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district.. ..	43,684	55
2. (a) Total number of properties (including near-by premises) inspected following notification	579	—
(b) Number infested by (i) Rats	256	—
(ii) Mice	170	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	76	—
(b) Number infested by (i) Rats	20	—
(ii) Mice	6	—

Offices, Shops and Railway Premises Act, 1963

Enforcement of this Act has progressed during the year with both initial inspections and follow-up visits being carried out. Under the provisions of Section 60, statistical returns have been made to the Minister of Labour showing the work carried out during the twelve months 1st January to 31st December, 1966. These returns are given in tables numbered 54 to 55 and show the numbers of inspections made to various types of premises, and the numbers of persons employed in different classes of workplace to which this enactment applies. No application for exemptions was received and no prosecution was instituted.

Although the Act requires that anyone intending to employ people in office or shop premises should give notification on the prescribed form (OSR. 1), it has become clear that compliance with this obligation is now the exception rather than the rule. In the majority of premises brought into use during the year, registration was effected only after this had been sought. It is felt that further national publicity is necessary and that this should be repeated at regular intervals.

Following each initial inspection a list of matters requiring attention has been sent, where necessary, to the employer. An analysis of contraventions found is shown in table 62, where it will be seen that the most frequent items are the two most readily remedied, i.e. the display of a wall thermometer and an abstract for the information of employees. The condition of floors, passages and stairs leaves much to be desired, examples of loose and broken floorboards, worn and holed floor coverings being common. The guarding of staircases and trap doors have also been frequently ignored by employers. Unsatisfactory sanitary conveniences have included insufficient water-closets, lack of ventilation and lighting and conveniences opening directly into workrooms; with washing facilities the most common contravention is the absence of running hot water. Lack of general cleanliness often showed itself in the need for redecoration of wall and ceiling surfaces, particularly those not visible to the general public. Poor ventilation was found in several shops where, apart from the entrance door, no provision had been made in the design of the premises for suitable controlled ventilation. A tendency to form smaller offices within large rooms by the use of full-height partitions also presented ventilation problems. It was observed that in some retail trades a policy of keeping the shop entrance door open at all times exists, supposedly to attract trade, but with an obvious loss of heat from the working area. Where the legal minimum temperature has not been maintained, representations have been made to the employer. Other cases were found where this temperature was not maintained on the grounds that deterioration of goods would result (e.g. in butchers' shops). When it has been reasonable to accept this view, suitable means of enabling staff to warm themselves have been required. Compliance with the legal requirements has generally been good, following the service of an informal notice, but in several cases warnings that proceedings would be taken were issued.

During 1966, ten complaints were received, five of which related to temperature, two to ventilation, one to sanitary accommodation, one to meals facilities and one to stairs. In three of these cases no action was warranted.

Thirty-four accidents were notified by occupiers of offices and shops during the year, two of which were minor occurrences not requiring notification and which have not been included in the data shown in tables 60 and 61. Investigations were made

into the causes of the accidents and advice or warnings given where appropriate; each quarter statistical returns were made to the Ministry of Labour. Although during each initial inspection the occupier is reminded of his obligation to notify any accident which disables an employee for more than three days, it is probable some reportable occurrences still escape notification and it would seem that some general publicity is also needed in this respect. An arrangement has now been made, however, whereby the Ambulance Station Officer will notify any accident occurring to employees in shops and offices which is dealt with by his section; such cases will then be followed up at the premises concerned. A survey of accidents to window cleaners was inaugurated by the Ministry of Labour on the 1st September, 1966 but at the end of the year no such occurrence had been ascertained in the borough. In October, the shops and offices inspector attended a joint C.B.I./T.U.C. conference on Industrial Safety at Bootle.

By arrangement with the Borough Surveyor, a copy of each plan of an office or shop submitted to the local authority under building or planning legislation is examined by the public health inspectorate. Recommendations made at this stage avoid the need for subsequent alterations and of one hundred and sixty two plans examined, fifty six were amended at the department's request.

In conclusion, mention must be made of the excellent co-operation which has been received from H.M. Factory Inspectorate at local and regional levels, and from the officers of the Preston County Borough Fire Brigade.

Table 54.
Registrations and General Inspections.

Class of Premises	No. of premises registered during the year	Total number of registered premises at end of year	No. of registered premises receiving a general inspection during the year
Offices	31	507	148
Retail shops	51	709	200
Wholesale shops, warehouses	3	89	28
Catering establishments open to the public, canteens ..	12	131	29
Fuel Storage depots ..	—	1	1
Totals	97	1,437	406

Table 55
Number of Visits of all kinds by Inspectors to Registered Premises

924.

Table 56
Analysis of Persons employed in Registered Premises by Workplace.

Class of workplace	No. of persons employed
Offices	7,295
Retail shops	4,272
Wholesale departments, warehouses	1,417
Catering establishments open to the public	1,125
Canteens	84
Fuel storage depots	2
Total	14,195
Total Males	6,074
Total Females	8,121

Table 57.
Exemptions.
Nil.

Table 58.
Prosecutions, etc.

Prosecutions	Nil
Number of complaints made under Sec. 22	Nil
Number of interim orders granted	Nil

Table 59.
Inspectors.

Number of inspectors appointed under Sec. 52(1) of the Act	1
Number of other staff employed for most of their time on work in connection with the Act	Nil

All public health inspectors are appointed as inspectors under the Act but only one carries out duties in this connection.

Table 60.
Reported Accidents.

Workplace	Number Reported		Total No. Investigated	Action Taken			No Action
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Advice	
Offices	—	12	12	—	—	5	7
Retail shops	—	9	9	—	2	5	2
Wholesale shops, warehouses	—	5	5	—	2	3	—
Catering establishments open to the public, canteens ..	—	6	6	—	—	3	3
Fuel storage depots ..	—	—	—	—	—	—	—
Totals ..	—	32	32	—	4	16	12

Table 61.
Analysis of Reported Accidents.

Cause	Offices	Retail Shops	Wholesale Warehouses	Catering establishments open to the public, canteens	Fuel Storage Depots
Machinery	—	—	1	—	—
Transport	—	1	1	—	—
Falls of persons	7	3	1	2	—
Stepping on or striking against object or person .	3	—	2	—	—
Handling goods	1	4	—	3	—
Struck by falling object ..	—	—	—	—	—
Fires and explosions ..	—	—	—	—	—
Electricity	—	1	—	—	—
Use of hand tools	—	—	—	—	—
Not otherwise specified ..	1	—	—	1	—

Table 62.
Analysis of Contraventions.

Cleanliness	66
Overcrowding	10
Temperature	17
Ventilation	56
Lighting	27
Sanitary conveniences	83
Washing facilities	53
Supply of drinking water	5
Clothing accommodation	18
Sitting facilities	11
Seats (sedentary workers)	3
Eating facilities	12
Floors, passages and stairs	77
Fencing exposed parts of machinery	19
Protection of young persons from dangerous machinery	—
Training of young persons working at dangerous machinery	—
Prohibition of heavy work	2
First aid—general provisions	65
Information for employees	111
Displaying thermometer	105
	<hr/>
	740

Atmospheric Pollution

(a) Smoke Control Areas.

During the year three more areas came under smoke control with the operation of Nos. 13, 14 and 15 Smoke Control Orders.

In addition, two more Orders, numbers 16 and 17 were approved by the Council. No. 16 Order was confirmed in October and No. 17 was awaiting confirmation at the end of the year.

The No. 16 Order covers 94 acres on the west side of the Borough, generally between Pedders Lane and Tulketh Road and includes 843 dwellings and 24 other premises.

The No. 17 Order comprises 65 acres in the Frenchwood area, generally between London Road and Manchester Road and it includes 977 dwellings and 11 other premises.

Full details of these areas are given in the appendices.

The number of visits in connection with offences against smoke control orders shows that there are people who persist in burning coal and indicates the need for enforcement of the orders.

The problem is particularly evident in the Avenham and Fishergate Hill areas where there is a higher proportion of flats and frequent changes of tenancy. A further difficulty is created by the persistence of some shopkeepers in smoke control areas in selling pre-packed coal.

It was necessary to bring proceedings against four householders during the year. One was fined £1, one fined £2. Two others were fined a total of £2 and £4, each being convicted of two separate offences.

Work in connection with smoke control areas is summarised in Table 63.

(b) The Measurement of Atmospheric Pollution.

The deposit gauges maintained at four sites in the Borough were discontinued at the beginning of the year. It was felt that the information now being provided by the gauges was not materially relevant to the present problems and that more purpose could be served by improving the volumetric apparatus.

This latter was changed to an eight port machine, which only needs attention once per week instead of daily, and the site was changed from Lancaster Road to North Road. It was considered that a more precise reading of the smoke stain would be achieved at the new site where there is a less heavy concentration of road traffic.

The Council continued to take part in the national survey of air pollution, information from the Preston recordings being sent to the Warren Springs Laboratory of the Ministry of Technology.

Details of the readings from the volumetric apparatus are set out in the graph.

In conjunction with the graph records are shown in diagrammatic form of wind direction in the Borough. The details have been kindly supplied by Dr. A. V. Barocas, Director of the Moor Park Observatory.

(c) Other Smoke Abatement Work.

In addition to the above work the department has also continued with the application of the following other provisions of the Clean Air Act and related matters concerning atmospheric pollution:

(i) PRIOR APPROVAL AND INSTALLATION OF FURNACES.

The "prior approval" provisions of the Preston Corporation Act, 1947 enables the Department to ensure that proposed industrial furnaces will operate smokelessly.

During the year two oil-fired furnaces were approved.

All other boiler and heating installations with ratings of over 55,000 BTU's per hour have to be notified to the Department under the Clean Air Act and 45 such notifications were received as follows:

New oil-fired boilers	...	...	...	...	...	...	13
New gas-fired boilers	...	...	...	...	...	...	7
Converted from solid fuel to oil	...	...	...	...	...	...	1
Oil-fired warm air heaters	...	...	...	...	...	...	21
Gas-fired air heaters	...	...	...	...	...	...	3

(ii) CHIMNEY HEIGHTS.

Section 10 of the Clean Air Act, which gives certain powers of control over chimney heights, has been used in eight cases. In some instances the original plans could not be recommended for approval without modification. Amongst the measures advised were steps to increase the velocity of flue gas at chimney top, the avoidance of condensation and smut formation, the installation of smoke alarms, and increased chimney height.

In carrying out the requirements of this section the full co-operation of the Borough Surveyor, who is primarily responsible to his committee for all plans, was received at all times and thanks are due to him for his support in implementing this measure.

(iii) OTHER WORK DEALING WITH ATMOSPHERIC POLLUTION.

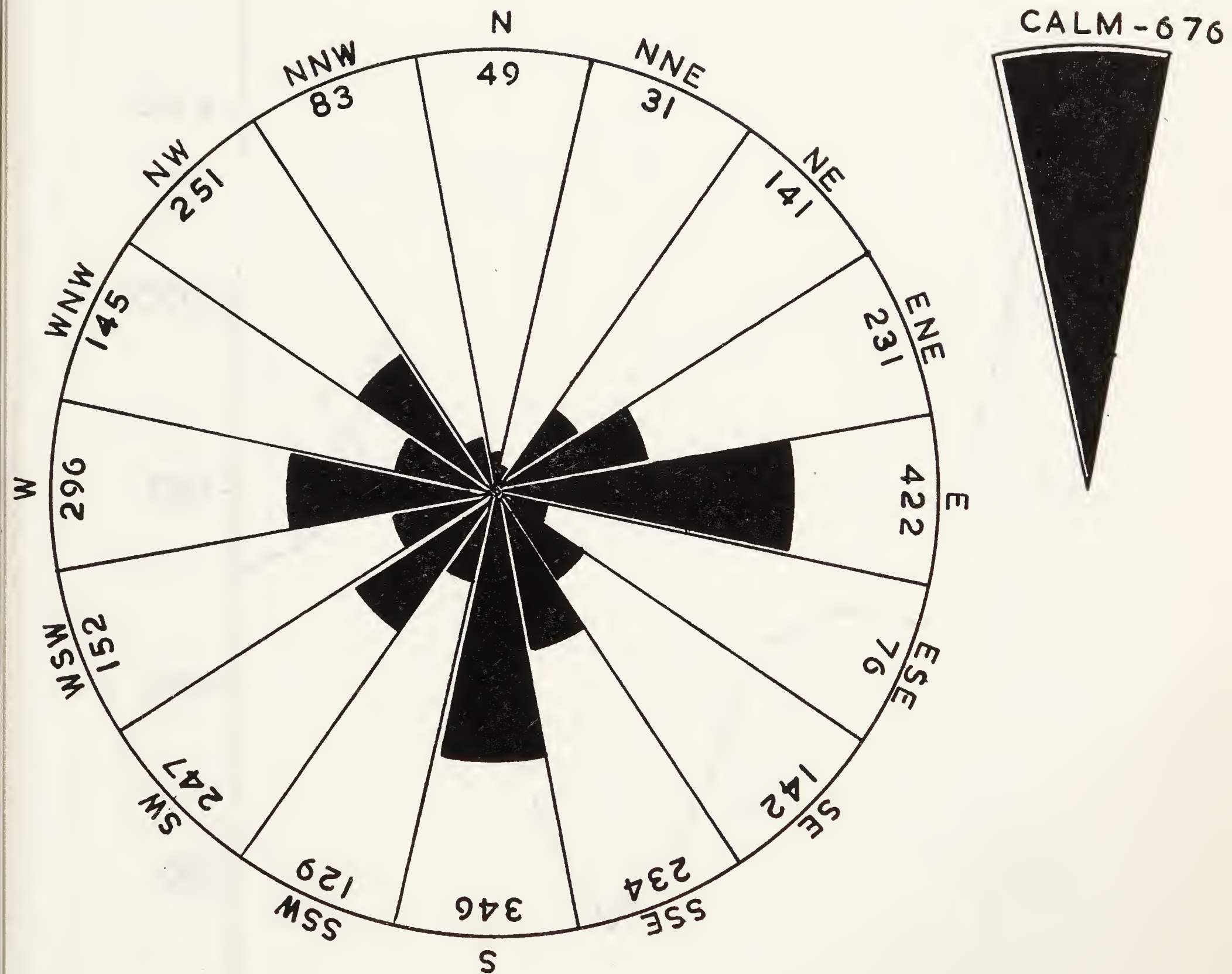
Table 64 at the end of this chapter summarises other work which has been done in connection with controlling atmospheric pollution.

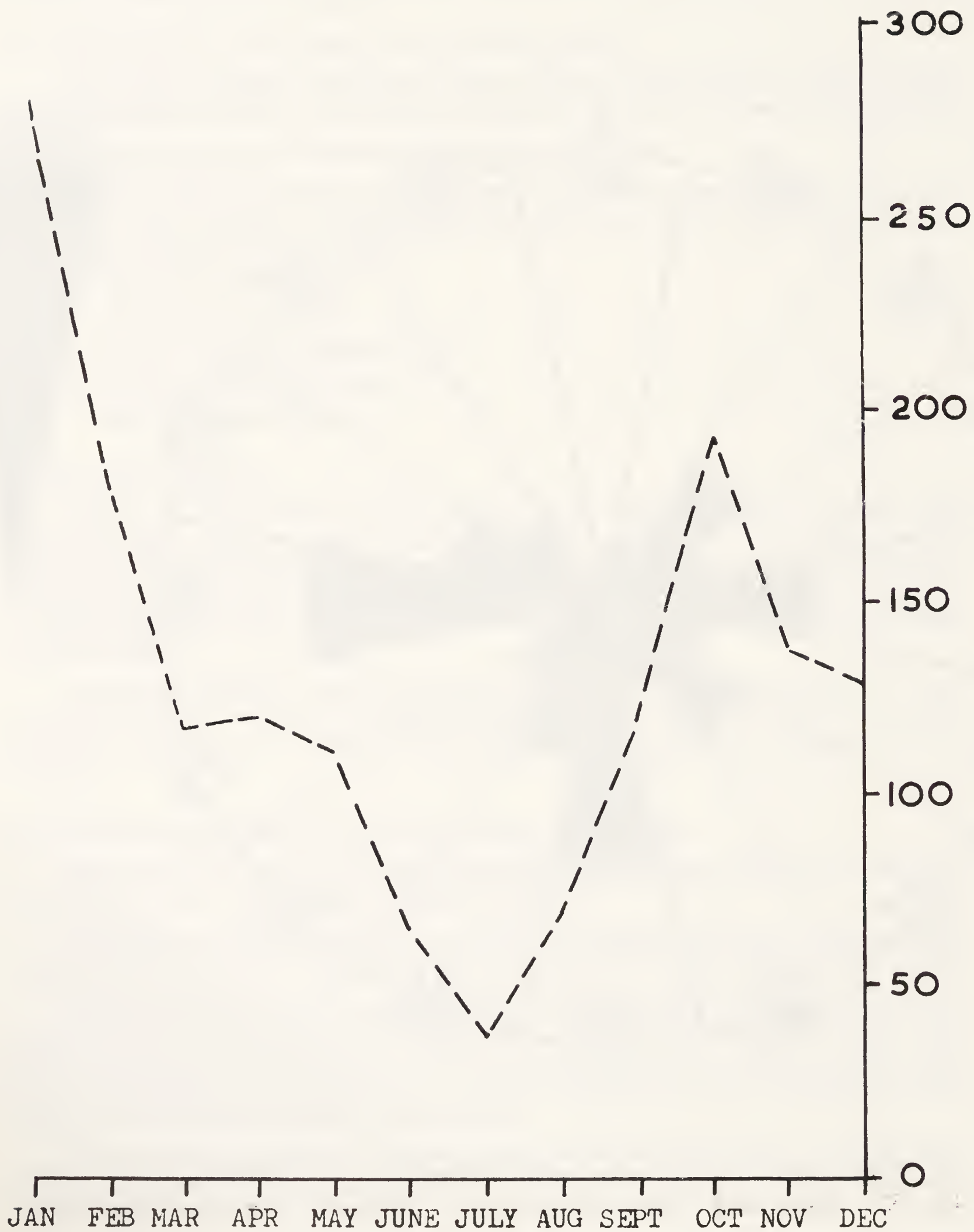
Continuing co-operation was received from industrialists, architects and others in discussions on suitable appliances and instruments at an early stage of planning.

Problems again occurred during the year from the burning of waste material on demolition sites. In spite of verbal and written warnings it was necessary to take action in three cases in the Courts under Section 16 of the Clean Air Act, 1956. One case was dismissed. In the other two cases the Magistrates granted Nuisance Orders against the offending demolition contractors.

By the end of the year a noticeable improvement had occurred. Much more care and control was being exercised over the fires to ensure that heavy smoke emissions did not occur.

Wind Directions, 1957-66



Graph I.**Concentration of Smoke—Microgrammes per Cubic Metre.**Average for each month by
Volumetric Apparatus.

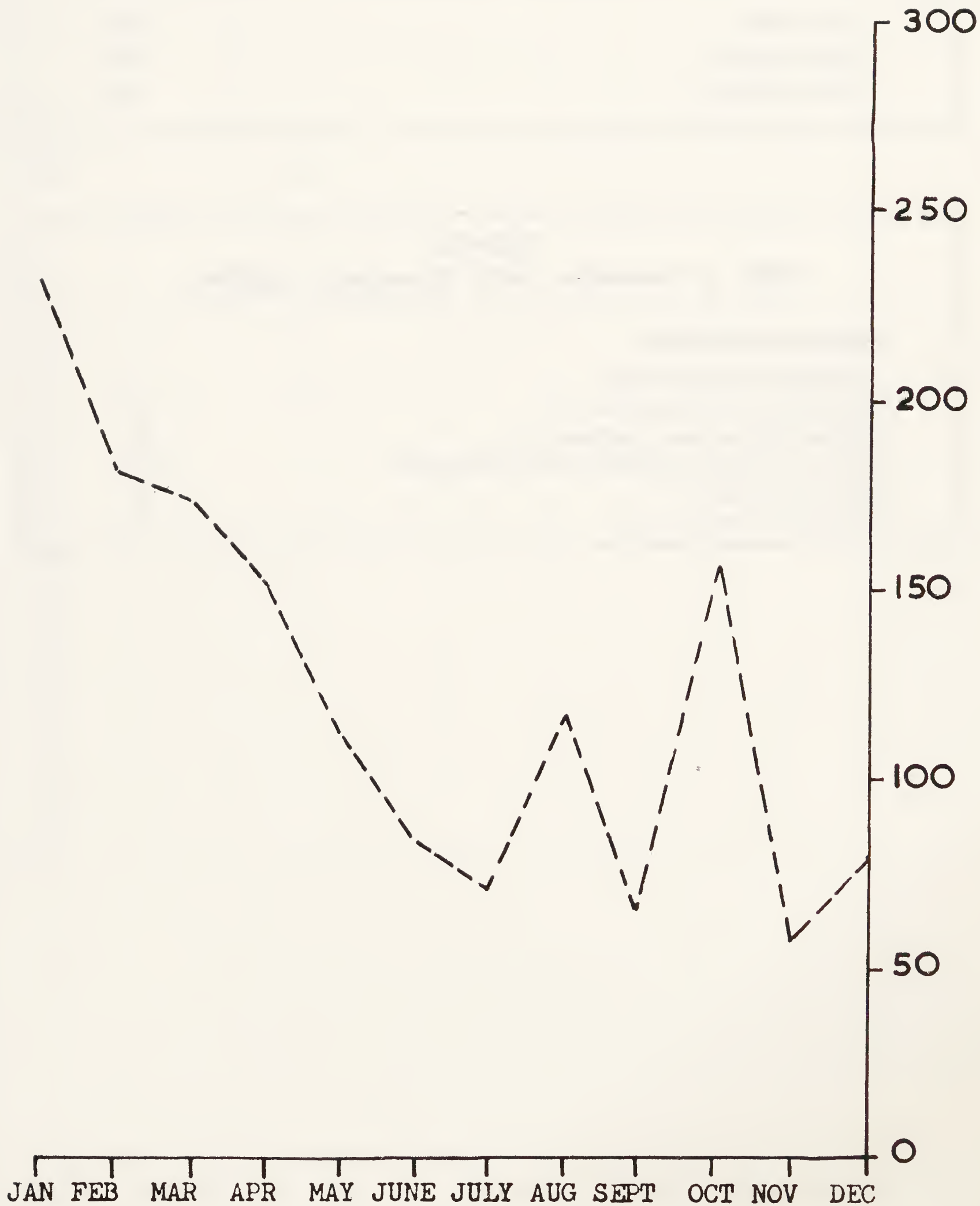
Graph II.**Concentration of SO₂—Microgrammes per Cubic Metre**Average for each month by
Volumetric Apparatus.

Table 63.**Visits in connection with Smokeless Zones and Smoke Control Areas.**

Survey visits	2,246
Visits re grants	2,762
Visits re Offences	489

Table 64.**Visits in connection with Atmospheric Pollution.****Smoke and Grit Nuisances.**

Complaints of smoke and grit	8
Observations on chimneys (Sec. 1)	53
Meetings with engineers, architects, etc.	116
Visits to atmospheric pollution survey instruments	162
Miscellaneous visits	55
Notices and letters re smoke	74

Table 65.
Number of houses, persons and families dealt with in Clearance Areas represented
to the end of 1966.

Year of Re- presenta- tion	Number of properties included			Total number of properties									Families and Persons Displaced from houses									
													Rehoused by Council				Otherwise Displaced				Total Families Displaced	Total Persons Displaced
	Unfit Houses			Fit Houses			Other Buildings			Unfit Houses		Fit Houses		Unfit Houses		Fit Houses						
	Unfit houses	Fit houses	Other buildings	Demol- ished	Empty	Occu- pied	Demol- ished	Empty	Occu- pied	Demol- ished	Empty	Occu- pied	Fami- lies	Persons	Fami- lies	Persons	Fami- lies	Persons	Fami- lies	Persons		
1951	21 (21)	— (—)	— (—)	21	—	—	—	—	—	—	—	—	19	69	—	—	2	5	—	—	21	74
1954	169 (169)	1 (1)	11 (11)	169	—	—	1	—	—	11	—	—	164	575	—	—	12	14	1	2	177	591
1955	268 (262)	13 (13)	18 (13)	262	—	—	13	—	—	13	—	—	221	619	13	29	50	82	3	7	287	737
1956	354 (354)	44 (44)	26 (26)	354	—	—	44	—	—	26	—	—	294	934	33	111	68	169	16	45	411	1259
1957	184 (177)	14 (9)	17 (11)	177	—	—	9	—	—	11	—	—	141	393	7	19	24	44	2	6	174	462
1958	370 (363)	71 (75)	27 (27)	363	—	—	75	—	—	27	—	—	315	953	53	139	61	150	21	49	450	1291
1959	307 (307)	82 (67)	34 (34)	307	—	—	67	—	—	34	—	—	240	707	36	94	67	144	27	79	370	1024
1960	274 (269)	69 (70)	18 (17)	269	—	—	70	—	—	17	—	—	198	534	45	108	74	189	25	55	342	886
1961	486 (474)	239 (241)	33 (35)	466	8	—	237	1	3	33	1	1	374	1104	144	387	85	195	83	197	686	1883
1962	945 (917)	108 (119)	76 (75)	838	63	16	80	15	24	48	13	14	669	1821	51	133	224	459	45	124	989	2537
1963	1683 (1654)	121 (117)	79 (85)	622	607	425	67	20	30	15	26	44	928	2737	60	193	271	614	26	61	1285	3605
1964	860 (847)	92 (92)	17 (17)	—	140	707	—	8	84	—	—	17	136	440	5	20	4	8	3	6	148	474
1965*	674 (14)	67 (—)	23 (—)	—	8	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1966	169	17	4																			
TOTALS	6764 (5828)	938 (848)	383 (351)	3848	826	1154	663	44	141	235	40	76	3699	10886	447	1233	942	2073	252	631	5340	14823

* Three Orders made during 1966 are awaiting Ministerial confirmation.

NOTES: Figures shown in brackets are the number of properties in orders as confirmed after various modifications.

From the representations of 1964 (a) three Council owned unfit houses were not included in subsequent orders: (b) two houses represented as unfit were transferred to part III of the orders as fit houses: (c) five houses represented as unfit were transferred to part II of the order as fit houses retained in the clearance areas by reason of "bad arrangement": (d) one house represented as unfit was determined not to be a house within the meaning of the Act and was excluded from the order: (e) one house represented as unfit was determined not to be an unfit house and excluded from the confirmed order: (f) six unfit houses were excluded from compulsory purchase orders and are to be demolished by agreement or included in clearance orders: (g) two fit houses were withdrawn from orders at the request of the Council.

Housing

Clearance of Unfit Houses.

The vast programme of clearance envisaged in 1950 when the first post war clearance area was declared is now nearing completion and only 169 houses, comprising two areas, were represented in 1966.

One area of nearly 400 houses remains to be represented in 1967, together with some small pockets in various parts of the town.

With the near conclusion of this first post war major attack on unfit housing attention is being turned to the remaining older property and an assessment made of its condition and potential.

Clearance Areas.

The London Road etc. Compulsory Purchase Order, 1965 containing 316 unfit houses, the subject of a public inquiry held in 1965, duly received ministerial confirmation with the following modifications: (a) one house represented as unfit was transferred to Part III of the Order as a fit house, (b) five houses represented as unfit were transferred to Part II of the Order as fit houses retained in the clearance area by reason of "bad arrangement", (c) one house represented as unfit was determined not to be a house and was excluded from the Order, (d) three unfit houses were excluded from the Compulsory Purchase Order and are to be the subject of a Clearance Order; (e) one fit house was withdrawn from the Order at the request of the Council.

The 674 unfit houses comprising four groups of property lying in the vicinity of Ribbleton Lane and New Hall Lane which were the subject of formal representations in October, 1965 were contained in the following orders made in June, 1966.

PRESTON (RIBBLETON LANE ETC. NO. 1) COMPULSORY PURCHASE ORDER, 1966.

Location:

Bounded by Ribbleton Lane to the south east, St. Mary's Street North to the south west, Fletcher Road to the north west and Portman Street to the north east. This Order is linked with Ribbleton Lane etc. Nos. 2 and 3 Compulsory Purchase Orders.

Acreage of land in Order	...	...	...	...	6.57 acres
Acreage of "pink" property	...	...	...	...	5.32 acres
Housing density of unfit houses per acre	...	...	...	...	51.9
Number of unfit houses	...	...	...	...	276
Number of fit houses...	...	...	...	...	24
Number of "other buildings"	...	...	...	...	7

PRESTON (RIBBLETON LANE ETC. NO. 2) COMPULSORY PURCHASE ORDER, 1966.

Location:

Bounded by Ribbleton Lane to the south east, Portman Street to the south west, Fletcher Road to the north west and Gillett Street to the north east. This Order is linked with Ribbleton Lane etc. Nos. 1 and 3 Compulsory Purchase Orders.

Acreage of land in Order	...	...	...	...	5.54 acres
Acreage of "pink" property	...	...	...	...	3.86 acres
Housing density of unfit houses per acre	...	...	...	...	53.6
Number of unfit houses	...	...	...	...	207
Number of fit houses	...	...	...	...	33
Number of "other buildings"	...	...	...	...	14

PRESTON (RIBBLETON LANE ETC. NO. 3) COMPULSORY PURCHASE ORDER, 1966.

Location:

To the north east and south west of Crook Street and to the south west of Henrietta Street, bounded by Ribbleton Lane to the north west and by St. Mary's Street to the south west. This Order is linked with Ribbleton Lane etc. Nos. 1 and 2 Compulsory Purchase Orders.

Acreage of land in Order	...	...	...	...	4.00 acres
Acreage of "pink" property	...	...	...	...	3.57 acres
Housing density of unfit houses per acre	...	...	...	...	47.9
Number of unfit houses	...	...	...	...	171
Number of fit houses	...	...	...	...	10
Number of "other buildings"	...	...	...	...	2

PRESTON (ST. MARY'S COURT) CLEARANCE ORDER, 1966.

Location:

To the west of St. Mary's Street near its junction with New Hall Lane.

Acreage of land in Order	...	...	...	...	0.028 acre
Housing density per acre	...	...	...	...	107.1
Number of unfit houses	...	...	...	...	3

PRESTON (RIBBLETON LANE NO. 1) CLEARANCE ORDER, 1966.

Location:

On the south eastern side of Ribbleton Lane at its junction with Gosford Street.

Acreage of land in Order	...	...	...	...	0.081 acre
Housing density per acre	...	...	...	...	49.4
Number of unfit houses	...	...	...	...	4

PRESTON (RIBBLETON LANE NO. 2) CLEARANCE ORDER, 1966.

Location:

On the south eastern side of Ribbleton Lane at its junction with Longworth Street.

Acreage of land in Order	...	...	...	...	0.088 acre
Housing density per acre	...	...	...	...	34.1
Number of unfit houses	...	...	...	...	3

PRESTON (ARCH STREET) CLEARANCE ORDER, 1966.

Location:

On the north western side of New Hall Lane to the east of its junction with St. Mary's Street.

Acreage of land in Order	...	...	...	...	0.19 acre
Housing density per acre	...	...	...	...	52.6
Number of unfit houses	...	...	...	...	10

In October a hearing took place with regard to the Ribbleton Lane No. 2 Clearance Order and in November a public inquiry was held in respect of the Ribbleton Lane, etc. Nos. 1, 2 and 3 Compulsory Purchase Orders. The four clearance orders were subsequently confirmed without modification and ministerial confirmation of the three compulsory purchase orders is awaited.

Formal representations were made in respect of 166 unfit houses in the Adelphi area and of 3 unfit houses in St. Austin's Road. These houses are included in the following orders from which one house was excluded having been purchased by the Council.

PRESTON (ADELPHI NO. 5) COMPULSORY PURCHASE ORDER, 1967.

Location:

To the north east of Greenbank Street and bounded by Harcourt Street to the north west, Adelphi Street to the north east and Hawkins Street to the south east.

Acreage of land in Order	...	...	...	...	4.112 acres
Acreage of "pink" property	...	...	...	...	3.429 acres
Housing density of unfit houses per acre	...	...	...	...	48.1
Number of unfit houses	...	...	...	...	165
Number of fit houses	...	...	...	...	17
Number of "other buildings"	...	...	...	...	4

PRESTON (ST. AUSTIN'S ROAD) COMPULSORY PURCHASE ORDER, 1967.

Location:

On the south western side of St. Austin's Road at its junction with Charlotte Street.

Acreage of land in Order	...	...	...	...	0.089 acre
Housing density per acre	...	...	...	...	33.7
Number of unfit houses	...	...	...	...	3

Individual Unfit Houses.

Formal representation was made and accepted by the Council in respect of ten individual unfit houses under Section 16 of the 1957 Act. During the year the Council made two closing orders, accepted undertakings that two premises would not be used for human habitation, and determined to purchase one house in lieu of making a demolition order.

Seven houses as a consequence of demolition orders, twenty houses the subject of closing orders and five Council owned unfit houses were demolished.

One demolition order was determined and a closing order substituted.

Families Displaced.

The following table gives details of the families displaced during 1966 as a result of slum clearance procedure. 29.2% of the families displaced found their own alternative accommodation.

Table 66.
Families displaced during 1966.

	Rehoused by Local Authority		Otherwise Displaced (Found own accommodation etc.)		Total
	Unfit houses	Fit houses	Unfit houses	Fit houses	All houses
Clearance Orders and Compulsory Purchase Orders	562	29	215	30	836
Individual Unfit houses ...	10	—	3	—	13
Total	572	29	218	30	849

Demolition.

A total of 911 premises comprising (a) 767 unfit houses, (b) 98 fit houses and (c) 46 other buildings were demolished during the year under review as a result of Housing Act action.

Slum Clearance Progress.

It can be seen from Tables 65 and 70 that during the last thirteen years 6,982 unfit houses have been formally represented and from these 13,609 persons making up 4,873 families have been rehoused mainly in new houses possessing modern amenities. A further 938 fit houses have been included in Compulsory Purchase Orders and from these 1,864 persons making up 699 families have been rehoused.

Thus a total of 15,473 persons contained in 5,572 families have been rehoused as a result of Housing Act action taken since 1954.

At the end of 1966 there were 1,162 families occupying unfit houses and 141 families occupying fit houses contained within confirmed and operative orders. A further 635 families were occupying unfit houses and 67 families occupying fit houses within orders which were awaiting ministerial confirmation. One hundred and sixty families were occupying unfit houses contained within clearance areas awaiting the making of orders.

The number of properties demolished as a consequence of representations and orders made during the period 1954-1966 was (a) 4,028 unfit houses; (b) 663 fit houses; and (c) 235 other buildings, a total of 4,926 properties.

Repair of Unfit Houses.

During the year one informal notice was served under the Housing Act in respect of a house regarded as capable of being made fit at reasonable expense.

General repair of houses under Public Health Act procedure was also carried out and is referred to in the preceding chapter.

Improvement Grants.

Conditions of grants made under the House Purchase and Housing Act, 1959, and the Housing Act, 1964, include that after execution of the proposed works the dwelling will be in such a condition as not to be unfit for human habitation and is likely to remain in that condition for a period of not less than 15 years.

Applications for grants are made through the Borough Surveyor, but certification as to the fitness or otherwise of the houses concerned is sought from the Medical Officer of Health.

Advice was sought as to the fitness of houses in respect of 10 applications for Discretionary Grants under the 1958 Act and 136 applications for Standard Grants under the 1959 and 1964 Acts. Four houses were considered to be capable of being made fit at reasonable expense with a life of over 15 years and a further three were considered unlikely to have a life of 15 years. The remainder were considered fit in terms of the grant requests.

Compulsory Improvement of Dwellings.

Representations by tenants were made to the Council to exercise their powers to secure the improvement of two dwellinghouses not in an improvement area under the provisions of Section 19 of above Housing Act, 1964. Subsequent to the service of preliminary improvement notices by the Council both properties were purchased by the respective tenants one of whom has since applied for an improvement grant.

Housing Consolidated Regulations, 1925.

The following table gives the information required under Article 31 of the above Regulations.

Table 67.
Housing Acts, 1957—1961.
Action taken in respect of unfit houses under the above Acts.

Number of Inspections	...	...	...	...	...	...	...	1,357
Number of houses which on inspection were considered to be unfit for human habitation	...	...	...	...	...	...	...	180
Number of Representations made to the Council —								
(a) with a view to service of Notice requiring execution of works	...	...	...	...	...	...	...	—
(b) with a view to making of Demolition Orders, Closing Orders	...	...	...	...	...	...	...	10
(c) with a view to declaring Clearance Areas (Number of houses)	...	...	...	...	...	...	...	169
Number of notices served requiring execution of works —								
(a) informal	...	...	...	...	...	...	...	1
(b) formal	...	...	...	...	...	...	...	—
Number of houses rendered fit after service of —								
(a) informal notice	...	...	...	...	...	...	...	—
(b) formal notice	...	...	...	...	...	...	...	—
Number of Demolition Orders made under Section 17 of the Housing Act, 1957	...	...	...	...	...	...	...	—
Number of houses to be purchased by the Council in lieu of making Demolition Orders	...	...	...	...	...	...	...	1
Number of Demolition Orders determined and Closing Orders substituted	...	...	...	...	...	...	...	1
Number of Closing Orders made under Section 17(1) of the Housing Act, 1957	...	...	...	...	...	...	...	2
Number of Closing Orders made under Section 18 of the Housing Act, 1957	...	...	...	...	...	...	...	—
Number of Undertakings accepted by the Council	...	...	...	...	...	...	...	2
Number of houses demolished as a result of Orders made under Sections 17 and 28 of the Housing Act, 1957	...	...	...	...	...	...	...	27
Number of houses demolished as a result of Clearance Orders	...	...	...	...	...	...	...	12
Number of Council-owned unfit houses demolished	...	...	...	...	...	...	...	5
Number of houses demolished as a result of Compulsory Purchase Orders	...	...	...	...	...	...	...	821
Number of other buildings demolished as a result of Compulsory Purchase Orders	...	...	...	...	...	...	...	46

Overcrowding.

Table 68.
Overcrowding, 1966.

Number of complaints received	13
Number of complaints confirmed and referred to the Housing Committee	—
Number of complaints not confirmed	7
Number of complaints confirmed, but no action taken	3
Number of letters sent to abate overcrowding	—
Number rehoused while complaint was being investigated	2
Number rehoused by the Local Authority following reference	—
Number of complaints withdrawn	1

Houses in Multiple Occupation.

During the year 147 visits were made to such premises.

Formal notices requiring the carrying out of works were served under the Housing Act, 1961 in respect of one house in multiple occupation. Notice of intention to make a management order was also served in respect of these premises and subsequently a management order was made. Fines totalling £44 were imposed following proceedings instituted for failure to comply with the requirements of formal notices and a management order in respect of another house in multiple occupation. Both premises were subsequently vacated.

Rent Act, 1957.

The Inspectors made 5 visits in connection with Certificates of Disrepair.

Table 69.
Rent Act, 1957.
Certificates of Disrepair.

Number of certificates applied for	4
Number of certificates granted	3
Number of applications withdrawn	—
Number of certificates refused	1
Number of applications for revocation	—
Number of objections to revocation	—
Number of certificates revoked	—
Number of revocation certificates refused	—
Number of applications by landlord for certificates as to remedying of defects	—
Number of applications by tenant for certificates as to remedying of defects	1
Number of certificates as to remedying of defects recommended	—
(a) Defects remedied	—
(b) Defects not remedied	1

Table 70.

**Number of houses, persons and families dealt with in Individual Unfit Houses during
period 1st January, 1954 to 31st December, 1966.**

Type of Order, etc.	Total number of houses	Number of Houses			Families and Persons Displaced					
		Demolished	Empty	Occupied	Rehoused by Council		Otherwise Displaced		Total Families Displaced	Total Persons Displaced
					Families	Persons	Families	Persons		
* Demolition Orders	121	119	2	—	97	333	32	70	129	403
* Closing Orders	77	33	43	1	47	101	18	41	65	142
Undertakings not to use ...	10	1	9	—	7	23	1	2	8	25
* Undertakings to make fit ...	11	—	1	10	—	—	—	—	—	—
Compulsory purchase in lieu of Demolition Orders ...	3	—	—	3	—	—	—	—	—	—
** Council owned unfit houses ...	60	45	9	6	31	95	19	57	50	152
***Privately owned unfit houses ..	3	3	—	—	—	—	1	2	1	2
TOTAL	285	201	64	20	182	552	71	172	253	724

* Eleven houses were subsequently made fit as a result of formal undertakings; two Closing Orders were determined after execution of works to make houses fit; one Demolition Order was quashed upon appeal to County Court; one Demolition Order was determined and a Closing Order substituted.

** Includes forty-three Council-owned unfit houses properly included in Clearance Areas but excluded from subsequent Compulsory Purchase Orders.

*** Houses properly included in a Clearance Area but excluded from the subsequent Compulsory Purchase Order, the owners having entered into an agreement with the Council to demolish and redevelop.

Food and Drugs

General.

In the main 1966 was uneventful so far as food and drugs work was concerned.

Milk sampling has followed the pattern now accepted as standard, that is the checking of supplies at the point of delivery from producer to distributor. This technique again has revealed that whilst milk sent in to dairies is not always as clean as it might be, tubercle bacilli has to all intents and purposes disappeared from the scene. But it is becoming more obvious with each succeeding year that another eradication scheme is needed to eliminate the prevalence of Brucellosis.

The one disturbing feature connected with the sale of food is the continual discoveries of foreign bodies in all kinds of food. Again the number reported has shown an increase on previous years.

Some of those investigated may well have arisen as a result of carelessness in the home, food not always being stored as safely or as wisely as it should be. In addition, however, a number of objects got into the food when it was being processed or packed.

In the case of food produced in the British Isles following up is fairly simple but in a disturbing number of instances the food was of foreign origin and to pin down responsibility is almost an impossibility.

One aspect which gives cause for some concern is that in many cases where foreign bodies are discovered they are in foods of high repute from firms of good standing. On investigation of such cases one invariably finds that every care is taken and all the latest detection aids are in use, yet nevertheless there has been a slip up somewhere.

1. Sampling.

(a) MILK SAMPLING.

Samples of milk were taken from supplies coming into the borough for sale in the raw state to determine the presence of tubercle bacilli. Table 71 shows all the samples to be satisfactory.

Table 71.			
Milk samples taken for biological examination.			
Class of milk sample	No. of samples taken	Tubercle bacilli	
		Absent	Present
Untreated (Farm bottled)	31	31	—
Untreated (Farm bottled) (Channel Islands) ..	4	4	—
Untreated (Cartoned)	16	16	—
Untreated (Farm cartoned)	2	2	—
Untreated	27	27	—
Totals	80	80	—

Table 72 shows the samples examined for brucellosis.

Table 72. Milk samples taken for Brucellosis.						
Class of milk sample	No. of samples taken	Ring Test		No. of samples taken	Culture or Inoculation	
		Absent	Present		Absent	Present
Untreated (Farm bottled) ..	45	40	5	45	42	3
Untreated (Farm bottled) (Channel Islands)	4	2	2	4	4	—
Untreated (Cartoned)	16	16	—	16	16	—
Untreated (Farm cartoned)	2	2	—	2	2	—
Untreated	40	39	1	7	7	—
Totals	107	99	8	74	71	3

Two of the positive cultures subsequently gave negative inoculation results. These were from supplies produced in adjoining rural and urban districts and were nevertheless both investigated at the farms. In one instance follow-up samples have produced negative results whilst the other supply is no longer sold raw in the area.

The third positive inoculation result was also from a farm in an adjoining urban district and this was also investigated by their Medical Officer of Health. Two cows were eventually removed from the herd and follow-up samples have produced negative results.

Table 73 shows the number of raw milk samples taken for bacteriological examination. The results of unsatisfactory samples from known farm supplies or producer/retailers are passed to the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food for investigation at source.

Table 73. Milk samples taken for bacteriological examination.			
Class of milk sample	No. of samples taken	Methylene Blue Test	
		Passed	Failed
Untreated (Farm bottled)	32	19	13
Untreated (Farm bottled) (Channel Islands) ..	4	4	—
Untreated (Cartoned)	16	16	—
Untreated (Farm cartoned)	2	2	—
Untreated	24	19	5
Totals	78	60	18

In addition the above 78 samples were found to be free of antibiotics.

Plate counts were also carried out on 5 of the above samples taken from bulk tanker milk which failed the methylene blue test and they gave unsatisfactory results. Bulk tanker sterilising routines and the bulk milk storage tanks were investigated at the loading points.

A total of three hundred and sixteen samples of milk were submitted to the Public Analyst for chemical analysis. These are summarised in Table 74.

Table 74. Milk samples taken for chemical analysis.					
Class of milk sample	No. of Samples taken	Informal		Formal	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Untreated (Farm bottled) ..	9	9	—	—	—
Untreated	262	236	15	4	7
Pasteurised	19	19	—	—	—
Pasteurised (Homogenised) ..	14	13	—	1	—
Pasteurised (Channel Islands) .	6	6	—	—	—
Sterilised	6	6	—	—	—
Totals	316	289	15	5	7

Four of the unsatisfactory informal samples contained amounts of penicillin ranging from .05 to 0.1 International Units of penicillin per millilitre. Dairies and the Milk Marketing Board were notified of these results and warning letters were sent to the farmers.

Seven others contained small traces of extraneous water and two had small fat deficiencies. In these instances producers were warned. The other two from one producer had large fat deficiencies of 6.6% and 23.3%. Investigation showed these results to be genuine and the farmer called in the Ministry of Agriculture, Fisheries and Food farm advisory service. The unsatisfactory formal samples were from two farmers and contained amounts of penicillin ranging from 0.07—1.5 International Units per millilitre. One contained 0.3% water. The two farmers were prosecuted under Section 2, Food and Drugs Act, 1955. Both pleaded guilty and were each fined £5.

Table 75.
Milk samples taken for Phosphatase, Methylene Blue and Turbidity Tests.

Class of sample	No. of samples taken	Phosphatase		Meth. Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	259	259	—	250	9	—	—
Pasteurised (Homogenised) ..	103	103	—	101	2	—	—
Pasteurised (Channel Island) ..	104	102	2	98	6	—	—
Sterilised	—	—	—	—	—	148	—
Totals ..	466	464	2	449	17	148	—

Seventy-two of the above samples were from school milk supplies.

All the Phosphatase and Methylene Blue test failures were from one dairy and were all obtained whilst investigating the possible cause of the initial unsatisfactory results. Mechanical faults were finally located in the High Temperature Short Time plant. The apparatus was scrapped and a new unit installed. Sample results from the dairy are now satisfactory.

(b) DAIRIES AND MILK DISTRIBUTORS.

At the end of the year there were fourteen premises registered as dairies. The owners of two of these dairies and one dairy farmer hold licences to pasteurise milk under the Milk (Special Designation) Regulations, 1963/65. Six distributors are also registered to operate from registered dairies in the borough.

Two hundred and fifty-three distributors are registered for the sale of bottled milk at shops. There are also approximately twelve distributors operating from premises outside the borough and approximately six dairy farmers are known to be retailing milk in the borough.

The two pasteurising plants are of the "High temperature short time" type. One small "Holder" type plant, not in use during the year, is situated at a dairy farm.

(c) MISCELLANEOUS SAMPLES.

Two hundred and thirteen samples were submitted for bacteriological examination and two hundred and forty for chemical analysis. These are summarised in the four subsequent tables.

Table 76.
Miscellaneous samples taken for bacteriological examination

Class of Sample	Number of Samples taken	Satisfactory	Unsatisfactory
Town's water	8	7	1
Well water	2	2	—
Milk bottle rinses	130	126	4
Double cream	19	15	4
Churn rinses	6	6	—
Yoghourt	6	6	—
Tinned pork loin	2	2	—
Tinned ox tongue	2	2	—
Tinned fruit salad in syrup	1	1	—
Tinned sardines	1	1	—
Milk carton	1	1	—
Piece of corned beef	1	1	—
Tinned chopped pork	1	1	—
Beef pet food	1	1	—
Totals	181	172	9

In addition one hundred and twenty-four pink elephant and golf ball cocktail ice novelties were submitted for bacteriological examination following press publicity. Several produced very high plate counts from their water content.

(d) ICE CREAM.

At the end of the year there were ten registered manufacturers of ice cream in the borough.

Unsatisfactory samples were investigated and follow-up samples were satisfactory.

Table 77.
Ice Cream and Ice Cream Mix samples taken for bacteriological examination

Class of Sample	Number of Samples taken	Methylene Blue	
		Satisfactory	Unsatisfactory
Dairy Ice Cream	2	2	—
Ice Cream	29	26	3
Ice Cream Mix	1	1	—
Totals	32	29	3

Table 78
Ice Cream samples taken for chemical analysis

Class of Sample	No. of samples taken	Satisfactory	Unsatisfactory
Dairy Ice Cream	1	1	—
Ice Cream	5	5	—
Totals	6	6	—

(e) CHEMICAL ANALYSIS.

Table 79.
Miscellaneous samples taken for chemical analysis.

Class of Sample	No. of samples taken	Satisfactory	Unsatisfactory
Miscellaneous	38	38	—
Sweets and sugar confectionery ..	6	6	—
Fresh fruit	11	11	—
Tinned fruit	9	9	—
Tinned cream	4	4	—
Tinned meat	7	6	1
Tinned fish	8	8	—
Tinned soup	3	2	1
Tinned milk pudding	2	2	—
Tinned vegetables	8	8	—
Dried fruit	3	3	—
Preserves and jellies	17	16	1
Fish cakes	3	2	1
Vinegar	3	3	—
Cereals	1	1	—
Coffee and beverages	5	5	—
Fats including butter and margarine ..	41	41	—
Cakes and biscuits	12	12	—
Cream cheese and cream cheese with prawns	2	—	2
Cheese and cheese spreads	2	2	—
Fruit drinks	9	8	1
Bubble gum	1	1	—
Double cream	8	8	—
Foreign colour in meat and carrots..	1	—	1
Self raising flour	2	2	—
Potted shrimps and prawns	4	4	—
Pickles and sauces	3	3	—
Bread and part loaf	3	2	1
Beef sausage and sausage meat	2	2	—
Tomato sausage	2	1	1
Opened tin of corned beef	1	—	1
Farinaceous foods	3	3	—
Baked beans	1	1	—
Evaporated milk	1	1	—
Fish paste.. .. .	1	1	—
Beef paste	1	1	—
Dairy cream	1	1	—
Jersey cream	1	1	—
Bacon	3	3	—
Minced steak	1	1	—
Totals	234	223	11

In addition three samples of town's water were submitted for chemical analysis and were found to be satisfactory. One sample of chilled water from a pasteurising plant was also examined in connection with investigation of unsatisfactory samples of pasteurised milk.

(f) DETAILS OF UNSATISFACTORY SAMPLES.

One imported tinned minced beef loaf contained only 51.4 per cent meat. A meat content of not less than 65 per cent is recommended for this type of product. Importers stated it was from an old consignment and that further supplies from this source were not contemplated.

One tin of cream of mushroom soup had a total fat content of 2.8 per cent including 1.1 per cent butter fat whilst a Code of Practice recommends a total fat content of 3.0 per cent and a butter fat content of not less than 1.5 per cent when mixed fats are present. The manufacturers were notified of this result. A follow-up sample was satisfactory.

One jar of lemon cheese contained only 57.5% soluble solids. Other ingredients were in excess of the minimum quantities specified in the Food Standards (Preserves) Order, 1953. The makers agreed to amend their recipe.

Fish cakes contained only 24.5 per cent fish. The makers were warned of the necessity to comply with the minimum 35 per cent fish content.

Cream cheese contained 32.3 per cent fat and one sample of cream cheese with prawns contained 31.6 per cent fat. The Cheese Regulations, 1965/6, although not in force, define these two products as full fat soft cheese. The sellers agreed to amend their description of the product.

Concentrated grapefruit flavour contained 790 parts per million Sulphur Dioxide preservative. This product although highly concentrated falls within the definition of a flavouring emulsion or comminuted citrus base and therefore contained an excess of 440 parts per million preservative. The packers agreed to reformulate by dilution.

Cooked meat and carrots had turned red and contained red coloured residues. Examination found two small wooden halves of a pencil and the orange/red china-graph pencil core had spread throughout the sample. Where or when the pencil had been introduced remained a mystery.

Crumbs and bread and butter contained light brown and grey human hairs. The remainder of the small loaf contained none. Investigation failed to prove the cause of contamination but it most probably occurred in the complainant's own home.

Tomato sausages contained 40 parts per million Sulphite preservative expressed as Sulphur Dioxide without declaration. The shopkeeper was warned to display the appropriate notice.

An opened tin of corned beef contained 63 milligrams of meat and fat discoloured by 0.1 milligrams iron and 0.66 milligrams zinc. The discolouration had originated from a point on the can seam. The packers and sellers were informed of this result.

2. The Liquid Egg (Pasteurisation) Regulations, 1963.

There are no registered premises in the borough.

3. Foreign Bodies in Food.

During the year thirteen cases were investigated by the department and when necessary a suitable warning was issued. No formal action was taken. The cases investigated included the following:

Two cases of bread contaminated with traces of mineral oil. A small piece of glass in pickled red cabbage. A wire staple inside a prepacked chicken teacake sandwich. Piece of a stainless steel potato chipper blade in a hot pot. String in a loaf of bread. Beetle in yoghurt. Fly embedded in the undersurface of a cake. Small curl of metal from a food can in an apple slice. Caterpillar found on the surface of an opened jar of jam. Black specks on the surface of bottled milk, alloy foil cap in bottled milk and a piece of wire from a milk crate in bottled milk.

4. Food Hygiene.

The enforcement of the Food Hygiene (General) Regulations, 1960 has continued and 2,024 visits were paid to premises mainly or partly in connection with the application of these requirements.

Table 82 summarises the structural matters which were corrected at the request of the department.

Whilst most of the large, modern food shops have the facilities and are mainly able to meet Food Hygiene requirements, many small "back street" mixed and general businesses fall far short of the desirable in this respect. This is not due entirely to failure on the part of the proprietor but rather the result of a bygone practice of adapting entirely unsuitable premises as shops. These were very often the sitting room of a house adapted as a shop without any structural alterations, so that there is neither the space nor facilities to provide for modern food hygiene requirements.

Nothing short of these premises closing down will bring about a solution; at the same time each new proposal of a similar nature must be examined carefully to ensure that this outmoded practice is not continued.

The one remaining unsatisfactory aspect of food hygiene which still gives rise for concern is at the retail market. The method of retailing all kind of food from open and exposed stalls is primitive and unhygienic. It is to be hoped that new legislation will soon bring an end to this survival of another age.

Table 80.
Food Premises subject to the Food Hygiene (General) Regulations, 1960.

Category	No. of Premises
Restaurants, cafes and snack bars	103
Residential Hotels	18
Public Houses	220
Fried fish shops	125
Canteens	49
Clubs and institutions	60
Food manufacturers	33
Ice-cream manufacturers	10
Wholesale food warehouses	35
Butchers' shops and other retail food shops	645
Miscellaneous catering or food businesses	108
Total	1,406

Table 81.
Hygiene in Food Premises.

Premises	Number of visits
Food Hygiene	1,325
Food inspection	191
Dairies and milk retailers	309
Licensed premises	62
Food markets	137
	2,024

Table 82.
Repairs and improvements effected in food preparing premises.

Repair or Improvement	Number
Floors repaired or renewed	37
Food preparing premises cleansed	58
Food storage provided or repaired	28
Hand washing facilities in food premises provided	59
Lighting improved	2
Passages or yard surfaces flagged, etc.	1
Plasterwork repaired or renewed	25
Roofs repaired or renewed	1
Sinks repaired, provided or renewed	11
Walls repaired or renewed	28
Water service pipes repaired or renewed	2
W.C. accommodation provided, improved, repaired or renewed	12
Woodwork (general) repaired or renewed	9
Ventilation improved	29
Other work done	9

5. Enforcement.

Ten complaints of alleged unsound food were investigated during the year. Five of these were not confirmed. The other five cases were investigated and in each instance suitable warnings were issued.

The following are details of prosecutions undertaken for other food offences during the year.

One food hawker was successfully prosecuted on 89 counts for selling food whilst not registered as a hawker contrary to Section 32 (1)(a) and on one count for using unregistered premises for the preparation and storage of food contrary to Section 32 (1)(b) of the Preston Corporation Act, 1952. He was fined £22 5s. 0d. and £2 0s. 0d. respectively.

A Chinese restaurant proprietor was successfully prosecuted on 7 counts under the Food Hygiene (General) Regulations, 1960 for contravention of Regulations 6, 14 (1)(a), 14 (5), 16 (3), 16 (4), 23 (1) and 24. Total fines of £90 were imposed.

An Indian restaurant proprietor was successfully prosecuted on 8 counts under the Food Hygiene (General) Regulations, 1960 for contravention of Regulations 5, 6, 14 (1)(a), 16 (2), 16 (3), 17, 19 (1)(c) and 23 (1). Total fines of £18 were imposed. Application was also made under Section 14 Food and Drugs Act, 1955 and the proprietor was disqualified from operating a catering business for a period of two years.

A food hawker was successfully prosecuted under the Food Hygiene (General) Regulations, 1960 in relation to his food preparation premises for contravention of Regulations 6, 14 (1)(a), 14 (2), 16 (2), 16 (3), 19 (1)(b), 20, 23 (1) and 23 (2). Total fines of £41 were imposed.

6. Poultry Inspection.

There is one business in the district engaged on the preparation of poultry for sale.

This firm originally owned and operated by a large Liverpool distributing concern is now operated by an individual whose trade is devoted almost exclusively to the local immigrant mainly Indian and Pakistani population, so much so that the staff employed there are all immigrants preparing poultry in the fashion of their country.

The birds used are exclusively hens which have reached the end of their productive life, bought from local poultry farmers.

Arrangements about the inspection of poultry and the disposal of unsound birds follow the lines suggested in Circular 22/61.

In 1966 7 visits were paid to the premises. Generally they are well conducted. The only criticism which could be made is that with the handling of quantities of birds and other work proceeding in one room a great deal of dust and general untidiness prevails whilst work is in progress. With the present methods this would seem to be unavoidable and general cleaning down takes place at the end of each day's activities.

MEAT.

Visits associated with the control and inspection of meat and meat handling were made as under:

Table 83.						
Visits made by Veterinary Officer and Meat Inspectors.						
					Veterinary Officer	Meat Inspectors
Visits to public slaughterhouses	..	..	..	..	442	403
Visits to private slaughterhouses	..	..	..	..	202	350

Slaughter of Animals Act, 1958.

The number of licensed slaughtermen at the year end was 25. No action has been necessary for any contravention under the Act.

Public Abattoir.

Table 84. Number of animals killed and inspected.				
Year	Cattle	Sheep	Pigs	Calves
1966	5,630	32,523	8,886	15
1965	5,676	27,888	9,617	66
1964	7,168	32,194	8,709	53
1963	8,384	34,704	7,331	85

Table 85. Casualties (included in Table).				
Year	Cattle	Sheep	Pigs	Calves
1966	12	5	61	5
1965	25	65	73	8
1964	26	96	100	18
1963	31	41	120	13

There has been little significant change in the disease pattern through the year, apart from a noticeable rise in the amount of liver fluke infestation and consequently the number of livers condemned as inedible.

Private Slaughterhouses.

One private slaughterhouse is licensed in the Borough and has operated satisfactorily during the year.

Table 86. Number of animals killed and inspected				
Year	Cattle	Sheep	Pigs	Calves
1966	6,406	20,177	10,058	5
1965	5,065	16,414	10,592	—
1964	6,630	16,004	5,776	3
1963	7,971	16,604	2,313	5

Table 87.
Carcases and Offal inspected and condemned in whole or in part.

	Total Cattle	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	12,036	8,136*	3,900*	20	52,700	18,944	—
Number inspected	12,036	8,136*	3,900*	20	52,700	18,944	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCII							
Whole carcasses condemned	—	17	28	11	154	229	—
Carcases of which some part or organ was condemned	—	5,169	1,629	—	10,181	3,068	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	—	63.7%	42.5%	55.0%	19.6%	17.4%	—
TUBERCULOSIS ONLY							
Whole carcasses condemned	—	—	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	23	—	—	19	—
Percentage of the number inspected affected with tuberculosis	—	—	.59%	—	—	.10%	—
CYSTICERCOSIS							
Carcases of which some part or organ was condemned	—	40	21	—	—	—	—
Carcases submitted to treatment by refrigera- tion	—	9	3	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—	—

*Estimated Figures

Meat Marking.

This has been carried out as required under the Meat Inspection Regulations, 1963. Complete co-operation with the meat traders has enabled meat inspection to be carried out without any difficulty.

Meat coming into the Borough from other areas.

All meat is now inspected before it leaves the slaughterhouses and no further action has been necessary.

Public Health (Meat) Regulations.

Continuous supervision of meat handling and premises enables a reasonably satisfactory standard of hygiene to be maintained.

DISEASES OF ANIMALS ACTS AND ORDERS**Anthrax Order, 1938**

There has been no case of anthrax in the Borough during the year. Occasional suspect deaths occur and any suspicious circumstances are immediately investigated. The national figure for outbreaks was the best for some years.

Foot and Mouth Disease Order, 1938

Preston remained clear of this disease, there being only one series of outbreaks in the country.

Diseases of Animals (Waste Foods) Order, 1957.

There is nothing to report under this Order.

Sheep Scab Order, 1958.

This disease was eradicated some years ago and has not re-appeared.

Swine Fever Order, 1938.

There has been no incidence of this disease in Preston or the vicinity, and the national incidence has dropped considerably.

Movement of Swine Orders, 1954-1959.

During the year 69,216 pigs passed through the market and 3,648 licences were issued for their removal. No offences against the Order occurred.

Tuberculosis Order, 1938.

No cases of tuberculosis came within the above Order as tuberculosis has been officially eradicated from Great Britain. However occasional reactors to the tuberculin test are diseased and these reactors are slaughtered. Most of the reactors in Lancashire are slaughtered at Preston abattoir and many of them have not developed visible lesions of this disease.

Market Sales and Lairs Order, 1925.

There is nothing to report under this Order.

Transit of Animal Orders, 1927-47.

Minor infringements of this Order occurred, mainly in respect of animals to be sold for slaughter, but which have been exposed for sale in the auction when direct transport to a slaughterhouse would be more appropriate. These animals are carried from the auction and slaughtered at the abattoir and the owners cautioned. 6 cattle, 13 pigs and 2 calves were removed under the above circumstances.

Number of vehicles cleansed and disinfected	2,724
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Importation of Dogs and Cats Order, 1938.

There is nothing to report under this Order.

Transit of Horses Order, 1951.

There is nothing to report under this Order.

Animals (Landing from Ireland, Channel Islands and Isle of Man) Order, 1933.

During the year 1,896 Irish cattle passed through the market as follows: 632 animals direct to public abattoir, 232 to farm premises and then relicensed to abattoirs, and 1,032 relicensed to farms for subsequent feeding.

Fowl Pest Orders, 1936-1954.

No outbreaks of fowl pest occurred in the Borough during the year, therefore there is nothing to report under this Order.

Poultry (Exposure for Sale) Order, 1937.

No poultry sales were held in the Borough during the year, therefore there is nothing to report under this Order.

Protection of Animals Acts, 1911-1912.

One person was prosecuted in the Borough Magistrates Court for causing unnecessary suffering to a dog. A sentence of one month's imprisonment was imposed and the person disqualified from keeping a dog, for five years.

One prosecution was taken during the year for causing unnecessary suffering to boars by inhuman extraction of teeth in the market. Three persons were convicted and each was fined £15 and costs.

One person was prosecuted for omitting to provide 3 pigs with food and water for 36 hours. He was fined £10.

Minor infringements have also occurred and the persons responsible have been verbally cautioned.

Table 88.
Details of markets held.

	Number of Sales	Number of Visits
Store Cattle and Sheep	48	48
Dairy Cattle	52	52
Fatstock Sales	53	53
Store Pigs	52	52
Horse Sales	—	—
Special Sales	—	—

Table 89.
Animals passing through market.

	1966	1965	1964	1963
Store and Dairy Cattle	8,342	8,987	6,745	6,106
Fat Cattle	24,727	24,938	22,806	23,375
Sheep	60,097	57,085	51,456	49,583
Calves	21,304	19,606	19,439	20,765
Fat Pigs	31,372	34,368	26,294	28,312
Store Pigs	37,844	31,865	32,380	—

Port Health Administration.

Port Health District.

The Port Health District of Preston embraces the whole estuary of the River Ribble, from Blackpool to Formby Point, and up the River Ribble and its tributaries to the furthest point to which the tide flows.

The dock, which is 3,200 feet long by 600 feet wide, covers 40 acres and is approached by the entrance basin 850 feet long by 300 feet wide, an area of $4\frac{3}{4}$ acres.

The communicating locks are 550 feet long and 66 feet wide, with a depth of 29 ft. 6 in. at high water ordinary spring tide. The dock is situated within the county borough and is about $16\frac{1}{2}$ miles along the River Ribble from the sea.

The quays are over $1\frac{1}{2}$ miles long. There are 170 acres of storage ground and 590,000 square feet of covered floor space.

Section I—Staff.

Table 90. Staff				
Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointment held
J. S. G. Burnett ..	Port Medical Officer	1.2.49	M.D., D.P.H.	Medical Officer of Health
I. G. P. Fraser ..	Deputy Port Medical Officer	10.6.63 to 31.8.66	M.B., Ch.B., D.P.H.	Deputy Medical Officer of Health
L. P. Grime ..	Deputy Port Medical Officer	1.9.66	L.R.C.P.I., L.R.C.S.I., L.M.R.C.P. & S.I., D.P.H.	Deputy Medical Officer of Health
F. Yates	Port Health Inspector	1.9.64	Cert R.S.I. and S.I.E.J.B., Cert Meat and Food	
G. Wood	Deputy Port Health Inspector	19.5.65	Cert. P.H.I.E.B.	District Public Health Inspector

ADDRESS AND TELEPHONE NUMBER OF THE MEDICAL OFFICER OF HEALTH:
Health Department, Municipal Building, Preston.

Telephone No.—Preston 54881.

PRIVATE ADDRESS:

Brook House, 252 Garstang Road, Fulwood, Preston.

Telephone No.—Preston 77784.

Dr. L. P. Grime succeeded Dr. I. G. P. Fraser as Deputy Port Medical Officer on 1st September, 1966.

Four Assistant Medical Officers were available also to undertake Port Health duties. During the year the medical officers boarded 24 ships from foreign ports and the public health inspectors boarded and inspected 733 ships.

Co-operation from H.M. Immigration Officers, The Trinity House Pilots, H.M. Customs Officers, the officials and staff of the Preston Port Authority, the shipping agents and others who have been contacted about various matters, has assisted in the smooth working of the Port Health Authority's functions.

Section II—Amount of Shipping entering the district during the year.

Table 91 Ships entering the district during the year					
Ships from	Number	Tonnage	Number inspected		Number of ships reported as having or having had during the voyage disease on board
			By the Medical Officers	By the Public Health Inspectors	
Foreign ports ..	436	322,501	24	431	—
Coastwise	2,935	1,498,121	—	302	—
Total ..	3,371	1,820,621	24	733	—

Section III—Character of Shipping and Trade during the year.

Table 92.

Character of Shipping and Trade during the year.

Passenger Traffic	Number of passengers INWARDS...				...	...	4,837
	Number of passengers OUTWARDS				...	...	5,099
Passengers to and from :—					Foreign ports		Irish Ferry service
Passengers in:—							
Alien					38	}	4,640
British					159		
Passengers out:—							
Alien					12	}	4,969
British					118		

Cargo Traffic.**Principal Imports.**

Animal feeding stuffs, arsenic, asphalt rock, bacon, butter, bananas, bitumen, canned goods, china clay, copper, citrus fruits, cloth goods, coconuts, confectionery, eggs, fertilizers, flour, fish oil, frozen fish, frozen foods, fuel oils, grain, hardboard, hides, lard, maize, meat, milk, milk products, petroleum, potatoes, poultry, potash, resin, scrap iron, shell grit, stone, sulphur, timber, wood pulp, vehicles and containers.

Principal Exports.

Barbed wire, canned goods, cloth goods, coal, coke, cotton, fruit, fuel oils, iron and steel, machinery, meat and offal, pitch, soap, scrap iron, tar, vehicles and containers, wines and spirits.

Total imports	1964	1,353,304 tons.
Total exports	1964	805,126 tons.
Total imports	1965	1,363,516 tons.
Total exports	1965	822,554 tons.
Total imports	1966	1,422,445 tons.
Total exports	1966	883,881 tons.

Principal ports from which ships arrive—Foreign

North Africa:	Casablanca, Kenitra.
North America:	Corner Brook, Harbour Grace, Miramichi Bay, Newcastle N.B., Pictou, N.S., Port St. Joe, U.S.A., Parrsboro, Sidney, N.S., Weymouth, N.S.
Antilles:	Barbados, Grenada, Kingstown, Port Castries, Port of Spain, Rosseau, St. Lucia, St. Vincent, St. George.
Belgium:	Antwerp, Ghent.
Denmark:	Copenhagen, Frederiksund, Hirtshals, Koge, Skagen.
Finland:	Abo, Hammina, Hanko, Jacobstad, Kasko, Kemi, Kotka, Mantyluoto, Oulo, Rauma, Turka, Tolkis, Toplla, Yxpilia.
France:	Bayonne, Donges, Libourne, Le Treport, Marseilles, Nantes, Rouen, Sete.
Germany:	Bremen, Emden, Hamburg, Wismar.
Greenland:	Faeringehavn.
Holland:	Amsterdam, Delfzyl, Groningen, Rotterdam.
Norway:	Follafos, Fredrikstad, Haugezund, Haroya, Hommelvik, Igarka, Kristiansund, Langstein, Larvik, Lauvsnes, Namsos, Narvick, Oplo, Oslo, Porrsgrunn, Sandviken, Steinjker, Sarpsborg, Tofte, Trondheim, Vadheim.
Poland:	Gdansk, Stettin.
Portugal:	Setubal.
Spain:	Aviles, Bilbao.
Sweden:	Dansjo, Domsjo, Gefle, Gothenburg, Halmstad, Helsingborg, Hernosand, Husum, Iggesund, Karlsborg, Karlstad, Kramfors, Marieberg, Munksund, Norrkoping, Norsundet, Ostrand, Ronnskar, Skelleftea, Skutskar, Sundsvall, Uddevalla, Umea, Vaija, Varberg, Vastervik,
U.S.S.R.:	Archangel, Kalingrad, Leningrad, Onega.

British Isles.

Arklow, Ayr, Ardrossan, Barrow, Belfast, Bristol, Coleraine, Cork, Castletown, Douglas, Drogheda, Dublin, Dundalk, Fowey, Glasgow, Greenore, Grimsby, Heysham, Larne, Liverpool, London, Manchester, Milford, Haven Penmaenmawr, Plymouth, Portrush, Ramsey, Swansea, Stanlow, Waterford.

Section III—Character of Shipping and Trade during the year.

There was a slight increase in the total number of ships arriving. Total imports again gave a record year's tonnage as did the total import and export aggregate tonnage.

The principal imports from foreign ports continue to be timber and wood pulp from Scandinavia, the U.S.S.R., and to a lesser degree from North America. Ships from the British West Indies arrived almost weekly carrying bananas, citrus fruits and coconuts. The tonnage of general Cargo exported to the British West Indies on these vessels has increased considerably. The container and ferry services from Northern Ireland and Eire provided the bulk of shipping entering the port. A further firm commenced on this service during the year. An additional regular container service has now become established between the Isle of Man and this port.

Section IV—Inland Barge Traffic.

There is no inland barge traffic from or to the Port of Preston.

Section V—Water Supply.

1. SOURCE OF SUPPLY FOR—

(a) *The District.*

The district derives its water from the Preston and District Water Board, and this is an upland surface water derived from the gathering grounds in the Forest of Bowland. The water is of good quality, well suited for drinking and domestic purposes.

(b) *Shipping.*

Shipping is supplied with water from the district supply by means of a hose from a shore hydrant.

2. REPORTS OF TESTS FOR CONTAMINATION.

The following table gives details of samples of drinking water taken from ships entering the port and from the dock estate.

Table 93. Water Samples.				
From	Type	Number	Results	
			Satisfactory	Unsatisfactory
Foreign Vessels ..	Bacteriological ..	8	4	4
Coastwise Vessels ..	Bacteriological ..	3	3	—
Port Authority Vessels ..	Bacteriological ..	1	1	—
Supply Hydrant and Hose ..	Bacteriological ..	2	2	—
Dock Estate ..	Bacteriological ..	3	2	1
Dock Estate ..	Chemical ..	1	1	—
Totals		18	13	5

The bacteriological failures of four samples taken from ships from foreign ports were notified to the Masters and to the owners' shipping agents who were requested to have their fresh water tanks emptied and thoroughly cleansed. Subsequent samples from three of these ships were found to be satisfactory; in the case of the remaining unsatisfactory sample, the ship concerned left this port before further samples could be taken but its water tanks had been cleansed.

The three satisfactory samples from coastwise vessels were from ships regularly carrying passengers from this port to Ireland.

The unsatisfactory sample from a warehouse tap on the dock estate was the subject of further sampling upon which the laboratory reported as being "highly satisfactory."

3. The supply of water to shipping is under the direct control of the Port Authority who employ a special staff for this purpose. Regular surveillance of fresh water supply hydrants, hoses and equipment is maintained so as to prevent contamination and ensure cleanliness and proper use of such appliances.

Samples were taken from a fresh water hydrant stand-pipe on the quay and from the hose terminal aboard ship. Both these samples were reported upon as satisfactory.

Section VI—Public Health (Ships) Regulations, 1966.

The above Regulations came into operation with effect from 1st April, 1966. All previous Regulations were revoked.

1. LIST OF INFECTED AREAS.

The list of infected areas is prepared from, and amended as necessary, with details obtained from the World Health Organisation in the Weekly Epidemiological Record and is drawn up in the form of the W.H.O. list supplied. Copies of the list are supplied to the Trinity House Pilotage Office, Preston, and H.M. Waterguard Office, Preston.

2. RADIO MESSAGES.

Preston is not a radio transmitting or receiving port, as defined by the Public Health (Ships) Regulations, 1966, for the purposes of regulations 13 and 14 (1)(a) and (2).

During the hours of the tidal period, the Master of a vessel lying within the limits of the Port of Preston, and equipped with V.H.F. radio, can report any sickness or untoward circumstance requiring the attention of the Port Health Authority through the Port's V.H.F. Radio Navigation Service operated from the Locks. Any such message is passed by telephone to the Port Medical Officer. Any ship not equipped with V.H.F. radio can have the boarding Pilot arrange for a message to be transmitted via the V.H.F. aboard the pilot boat.

3. NOTIFICATION OTHERWISE THAN BY RADIO.

Shipping Agents are usually in radio/telephone communication with ships before they enter the harbour limits and any message requiring attention of the Port Medical Officer is passed by them to the Port Health Authority.

Ships requiring a Boarding Medical Officer are required to show the statutory signals as follows:

By Day—Fly the signal L.I.M.

By Night—Red Light over a White Light.

In several instances cases of sickness were notified but in each case these were found to be non-infectious and referred to the shipping agents for action by the Shipping Federation Doctor. The Master of a foreign ship, which had been in Port for several days, died suddenly and the duty Port Medical Officer was called upon to confirm death. Cause of death was subsequently certified as coronary thrombosis.

4. MOORING STATIONS.

By agreement with the Port Authority arrangements exist for the breasting off of any ship at the discharging berths allocated, where such action is considered necessary by the Port Medical Officer. This is done by placing one of the barges of about 20 feet beam which are always available between the vessel and the quay, whilst the vessel is subjected to the prescribed measures.

This arrangement obviates the necessity of moving the vessel from one berth to another and facilitates the discharge of her cargo whether during or when freed from control.

5. ARRANGEMENTS FOR—

(a) *Hospital accommodation for infectious diseases.*

All cases of infectious disease other than smallpox are removed to Deepdale Hospital, Blackpool Road, Preston.

(b) *Surveillance and follow-up of contacts.*

Surveillance is carried out as suggested in Section 18(2) and Section 37 of the Public Health (Ships) Regulations, 1966.

(c) *Cleansing and Disinfection of ships, persons, clothing and other articles.*

The cleansing and disinfection of ships is carried out under the supervision of the Port Health Inspector. Clothing, bedding, etc. are removed in the Health Department's disinfection vehicles to the disinfection plant at the Ambulance Station, Deepdale Road, Preston.

Arrangements can also be made for persons to be cleaned and disinfested at the Greenbank Health Centre, Ripon Street, Preston, and bedding, etc. in the steam disinfector at the Ambulance Station, Deepdale Road, Preston.

Section VII—Smallpox.

1. The reception of smallpox cases into hospital is in the hands of the Manchester Regional Hospital Board who advise as to which hospital is available for such purpose. Normally, Ainsworth Hospital, Bury, is retained as the first regional hospital to admit cases of smallpox.

2. Smallpox cases would be removed by ambulance belonging to Preston Corporation. The vaccinal state of the crews of these ambulances is the responsibility of the Medical Officer of Health of the County Borough of Preston.

3. SMALLPOX CONSULTANTS:

Dr. C. Metcalfe Brown, Town Hall, Manchester, 2.
Manchester Central 3377 and Ringway 4273 (Home)....

Dr. T. L. Hobday, 43 Ullet Road, Liverpool, 17.
Liverpool Central 2542 and Sefton Park 4333 (Home).

Dr. A. G. Ironside, Monsall Isolation Hospital,
Newton Heath, Manchester, 10
Collyhurst 2254 and 4271488 (Home).

Prof. A. B. Semple, Health Dept., Hatton Garden, Liverpool, 3.
Liverpool Central 8433 and Gateacre 2081 (Home).

4. Facilities for the laboratory diagnosis of smallpox are available at the Department of Bacteriology, University of Liverpool, under the direction of Professor K. McCarthy.

Section VIII—Venereal Disease.

The Venereal Disease Clinic at the Preston Royal Infirmary is open at the following times:

Tuesday	...	...	5 p.m.—7 p.m.	Women.
Wednesday	...	...	5 p.m.—7 p.m.	Men.
Thursday	...	...	2 p.m.—4 p.m.	Women.
Friday	...	...	5 p.m.—7 p.m.	Men.

Male patients from ships likely to sail before the next male clinic can also be seen on Tuesdays and Thursdays.

Fifty-nine seamen attended for treatment at the clinic for the first time during the year.

Section IX—Cases of notifiable and other infectious diseases on ships.

Table 94. Cases of notifiable and other infectious diseases on ships.				
Category	Disease	Number of cases during the year		Number of Ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival ...	Nil	Nil	Nil	Nil

No case or suspected case of smallpox, cholera, plague, yellow fever, typhus or relapsing fever occurred during the year.

Section X—Observations on the occurrence of malaria in ships.

No case of malaria occurred during the year.

Section XI—Measures taken against ships with or suspected for plague.

No ship infected with or suspected of carrying plague arrived during the year. In the event of such an occurrence, action in accordance with the measures outlined in Part I of the Fourth Schedule Public Health (Ships) Regulations, 1966, would be pursued.

Section XII—Measures against rodents in ships from foreign ports.

(1) PROCEDURE FOR INSPECTION OF SHIPS FOR RATS.

All foreign-going vessels are inspected in the following sequence:

- (a) Vessels from infected ports.
- (b) Vessels from non-infected ports.
- (c) Foreign-going vessels that have arrived from another port in the British Isles.

A rodent operator sets traps on vessels where evidence of rats is found and revisits these and other vessels from foreign ports while cargo is being discharged.

(2) ARRANGEMENTS FOR THE BACTERIOLOGICAL OR PATHOLOGICAL EXAMINATION OF RODENTS, WITH SPECIAL REFERENCE TO RODENT PLAGUE.

Rodents caught are placed in muslin bags, dipped in paraffin, labelled and despatched to the Public Health Laboratory, Preston.

(3) ARRANGEMENTS IN THE DISTRICT FOR DERATTING SHIPS.

The deratting of vessels prior to the issue of Deratting Certificates may be effected with hydrogen cyanide or sodium fluoroacetate.

(4) PROGRESS IN THE RAT-PROOFING OF SHIPS.

Rat-proofing was found in good condition on vessels inspected and no repairs or improvements were required.

[illegible]

Table 96.
Deratting Certificates and Deratting exemption Certificates issued during
the year for ships from foreign ports.

No. of Deratting Certificates issued.				Number of Deratting Exemption Certificates issued.	Total Certificates issued
After fumigation with H.C.N.	Other fumigant	After trapping	After poisoning		
1	2	3	4	5	6
—	—	—	—	—	75
					75

It was not found necessary to have any ship deratted. The good standard of rat-proofing, the type of shipping using the port, and the ports of call of such shipping, were factors which led to the inspections revealing mainly rodent free vessels. Permanent baiting aboard the ships from the British West Indies was found to be effective.

In addition to his visits to shipping the rodent operator makes a regular search of the dock estate. During the year 23 rats and 82 mice were found dead after laying of bait. A more realistic estimate of the "kill" is to be judged from the fact that of 1,350 poison baits which were laid, 784 were consumed. No infestation of the black rat was found on the docklands nor any other major rodent infestation.

Section XIII—Inspection of Ships for Nuisances.

Table 97.
Inspection of Ships for Nuisances.

Nature and Number of Inspections		Defects found	Notices served		Defects remedied
			Statutory notices	Other notices	
Total number of ships visited ..	733				
The following defects and nuisances were found:—					
Vermin		15	—		11
Heat, light and ventilation ..		1	—		1
Washplaces and fittings dirty and defective		16	—		12
Drainage defective		2	—		1
Sanitary accommodation defective ..		3	—	28	2
Food stores, preparation places and fittings dirty and defective ..		12	—		8
Accommodation dirty and defective		17	—		12
Drinking water system defective ..		4	—		3
Refuse accumulations		7	—		7
Smoke emissions		8	—		7
		85	—	28	64

Of the 733 ships visited, 431 were from foreign ports; the remainder being coastwise or from Ireland. 165 foreign and 103 coastwise ships were revisited,

The standard of crews accommodation continues to improve. More new and modern ships are entering the port. As can be seen from the above table most of the defects and nuisances were remedied whilst in this port. The outstanding instances were mainly due to the ships leaving Preston before the work could be put in hand or completed. The defects were mainly vermin infestations and unhygienic conditions in crews quarters, provisions stores and galleys. It was not found necessary in any case to take statutory action.

Section XIV—Public Health (Shell-Fish) Regulations, 1934-1948.

Mussel gathering in the Ribble Estuary was controlled by the Ribble Mussel Fishery Order, 1936 until this order was revoked in April, 1961 at the request of Lancashire County Council. Under this order, the County Council were the grantors of licences to pick mussels. The sale or distribution for human consumption of mussels taken from within the Preston Port Sanitary district, which embraces the Ribble Estuary, is still controlled by the Preston (Shell-Fish) Regulations, 1923. Under these regulations, mussels must be subjected to an approved process of cleansing. The Lytham Mussel Purification Station, operated by Lancashire County Council, was closed in April, 1957 through lack of demand. The last consignment of mussels picked from these beds and sent for cleansing was in 1957.

The estuary is still polluted by sewage. No samples of shell-fish were taken during the year. Mussels are present on both banks of the estuary. The nearest cleansing stations to the estuary are at Conway, Bangor and Portmadoc.

Section XV—Medical Inspection of Aliens and Commonwealth Immigrants.

(a) The following Medical Inspectors held warrants of appointment on 31st December, 1966 under both the Aliens Order, 1953 and the Commonwealth Immigrants Act, 1962.

Dr. J. S. G. Burnett.
Dr. L. P. Grime.
Dr. I. M. R. Purdom.
Dr. J. T. Carroll.
Dr. A. Fowden.
Dr. E. J. Hunt.

(b) Apart from occasional clerical work, no other staff are engaged.

(c) Upon receipt of requests from the Home Office Immigration Officer, Aliens and Commonwealth Immigrants on arrival at the port are medically examined by a Medical Inspector.

(d) *Alien Arrivals*

Total number of arriving ships carrying aliens	...	...	23
Total number of aliens arriving at the port	...	...	38
Total number of aliens medically examined	...	...	—
Certificates issued	...	...	—

Commonwealth Immigrant Arrivals

Commonwealth citizens subject to control	...	...	30
Commonwealth citizens medically examined	...	...	8
Certificates issued	...	...	—

(e) Medical Inspection of Aliens and Commonwealth Immigrants is carried out on board ship.

Section XVI—Miscellaneous.

- (a) ARRANGEMENTS FOR THE BURIAL ON SHORE OF PERSONS WHO HAVE DIED ON BOARD SHIP FROM INFECTIOUS DISEASE.

Arrangements for the interment of a diseased member of the crew of any vessel is the concern of the shipping agent and the following procedure would be adopted in the event of a death from infectious disease. The Superintendent of Mercantile Marine acting for the Ministry of Transport would be notified immediately. The body would be removed by the Health Department staff to the mortuary of the Deepdale Hospital, Preston for the purpose of local enquiry and verification of the cause of death.

- (b) LEGISLATION RELATING TO WORK OF THE PORT HEALTH AUTHORITY.

Aliens Order, 1953.

Antioxidant in Food Regulations, 1958.

Arsenic in Food Regulations, 1959 and 1960.

Clean Air Act, 1956 and Permitted Periods (Vessels) Regulations, 1958.

Colouring Matter in Food Regulations, 1957.

Commonwealth Immigrants Act, 1962.

Dangerous Drugs Regulations, 1953.

Diseases of Animals Act, 1950 and Orders.

Factories Act, 1961.

Fluorine in Food Regulations, 1957.

Food and Drugs Act, 1955.

Food Hygiene (General) Regulations, 1960.

Food Hygiene (Docks, Carriers, etc.) Regulations, 1960.

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

Hydrogen Cyanide (Fumigation) Act, 1937.

Hydrogen Cyanide (Fumigation of Ships) Regulations, 1951.

Lead in Food Regulations, 1961.

Liquid Egg (Pasteurisation) Regulations, 1965.

Meat Inspection Regulations, 1963.

Meat (Staining and Sterilisation) Regulations, 1960.

Meat (Treatment) Regulations, 1964.

Merchandise Marks Act, 1962 and Orders.

Mineral Hydrocarbons in Food Regulations, 1966.

Preservatives in Food Regulations, 1962.

Preston (Shellfish) Regulations, 1963.

Prevention of Damage by Pests Act, 1951 and Orders, 1951 and 1956.

Public Health Act, 1936 and 1961.

Public Health (Infectious Diseases) Regulations, 1953.

Public Health (Ships) Regulations, 1954, 1961, 1963 and 1966.

Public Health (Imported Milk) Regulations, 1926.

Public Health (Imported Food) Regulations, 1937 and 1948.

Public Health (Shellfish) Regulations, 1936 and 1938.

Soft Drinks Regulations, 1963.

(c) (i) FOOD INSPECTION.

A considerable tonnage of food imports arrived in the port during the year chiefly comprising bacon, bananas, butter, canned goods, coconuts, confectionery, citrus fruits, eggs, frozen fish, frozen foods, lard, meat and meat products, milk and milk products, poultry and potatoes. Refrigerated ships carrying cargoes of bananas and citrus fruits continued to arrive almost weekly from the British West Indies. During the year three refrigerated ships arrived from Canada (2) and Greenland (1) with cargoes of frozen fish. The majority of incoming food cargoes, arriving practically on all tides, came from Northern Ireland and Eire. Several small consignments of kippers arrived from the Isle of Man. Most of these foods are "in transit" through the port and are only on the dock estate for a short period. Nevertheless it has been possible with the co-operation of the dock transport industry, to carry out routine inspections daily of such cargoes. Special attention is paid to perishable cargoes such as bacon and meat. The quality and condition of foods discharged at the port was found to be good and satisfactory.

Early in the year an 8 day strike by the dock labour force resulted in food cargoes being held up in the port. The perishable foods (e.g. butter, bacon, frozen liquid egg, meat, poultry) were inspected daily and quantities of dry ice were placed in the low-temperature insulated containers and a ship's hold. Upon resumption of work all consignments of food were inspected before being allowed to leave the port for destinations throughout Britain. No such food was considered to be unsound.

The following unsound foodstuffs were voluntarily surrendered for destruction:

	<i>T.</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Bananas (over-ripe, stem-rot and waste)	187	19	0	14
Canned foods (blown and leaking) ...		1	3	9
Citrus fruits (damaged and mould) ...		3	1	0
Lard (contaminated)		3	3	0
Potatoes (rotten and rodent contaminated)		10	0	0
Total	188	17	3	23

The above does not take into account quantities of canned goods, damaged in transit, which were re-exported back to the canning factories in Ireland. The apparently large quantity of bananas surrendered is reasonable when compared with the total tonnage of some 32,000 tons of such fruit arriving at the port during the year and is indicative of the high standard set by the importer. Reasons for rejection of bananas principally are over-ripeness, damaged stems, and stem rot causing decay of individual fingers and hands.

(c) (ii) FOOD SAMPLING.

The following food samples were taken upon discharge at the port:

Table 98			
Sample	Bacteriological or Chemical	Satisfactory	Unsatisfactory
Canned Rice Milk Pudding	Bacteriological	1	—
Canned Rice Milk Pudding	Chemical ..	1	—
Canned Creamed Mushrooms	Bacteriological ..	1	—
Canned Creamed Mushrooms	Chemical ..	1	—
Canned Grilled Mushrooms in Brine ..	Bacteriological ..	1	—
Canned Grilled Mushrooms in Brine ..	Chemical ..	1	—
Fresh Grapefruits	Chemical ..	1	—
Bananas	Chemical ..	—	1
Canned Pure Dairy Cream	Bacteriological ..	1	—
Canned Pure Dairy Cream	Chemical ..	1	—
Canned Full Cream Evaporated Milk ..	Bacteriological ..	1	—
Canned Full Cream Evaporated Milk ..	Chemical ..	1	—
Dried Separated Milk Powder	Bacteriological ..	1	—
Dried Separated Milk Powder	Chemical ..	1	—
Fresh Limes	Chemical ..	1	—
Butter	Chemical ..	1	—
Butter	Bacteriological ..	1	—
Canned Macaroni Milk Pudding	Chemical ..	1	—
Canned Macaroni Milk Pudding	Bacteriological ..	1	—
Bubble Gum	Chemical ..	1	—
Canned Fruit Salad	Bacteriological ..	1	—
Canned Fruit Salad	Chemical ..	—	1
Canned Dairy Cream	Bacteriological ..	1	—
Canned Dairy Cream	Chemical ..	1	—
Lard	Chemical ..	1	—
Bacon	Chemical ..	1	—
Canned Fruit Salad	Bacteriological ..	1	—
Canned Fruit Salad	Chemical ..	1	—
Chocolate Crumbs	Chemical ..	1	—
Bananas	Chemical ..	1	—
Fresh Grapefruit	Chemical ..	1	—
Fresh Pumpkins	Chemical ..	1	—
Canned Fruit Salad	Bacteriological ..	1	—
Canned Fruit Salad	Chemical ..	1	—
Frozen Food (Beefburger)	Chemical ..	1	—
Frozen Food (Beefburger)	Bacteriological ..	1	—
Frozen Cod Block (fillets)	Bacteriological ..	1	—
Frozen Cod Block (fillets)	Chemical ..	1	—
Frozen Food (Hamburgers)	Bacteriological ..	1	—
Fresh Grapefruit	Chemical ..	1	—
	Total	38	2

The unsatisfactory sample of bananas was in actual fact the “splashing” of banana skins with a stem rot preventative containing a prohibited colouring matter. This rot preventative was meant to be applied to the stem ends only but its haphazard

application in the West Indies resulted in contamination of fruit skin. The importers were informed of the unsatisfactory report on this sample and they gave their assurance that stricter supervision would be given to the painting of stalks in the British West Indies so as to ensure little, if any, staining of the banana skins. This sample was taken early in the year and subsequent regular routine inspections carried out during the remainder of the year found negligible evidence of only minute "splashing". A sample of canned fruit salad was found to be incorrectly labelled in that the list of ingredients was given in the wrong order. The importers and canners were notified and later consignments of this commodity were found to be correctly labelled.

(c) (iii) FOOD HYGIENE.

Regular inspections were carried out of premises and vehicles in order to ensure compliance with the Food Hygiene (Docks and Carriers) Regulations, 1960. The premises where foods in transit were temporarily stored were found generally to be reasonably well maintained having regard to the constant "in and out" movement of goods. Construction of insulated containers for bulk food transport is continually improving and is of a high standard, whilst the system of open "flat" conveyance is diminishing. The cleansing of flats and containers is normally carried out at the port of loading. It was found necessary on several occasions to direct the attention of management to certain unsatisfactory conditions.

Co-operation from the shipping and transport industries has been encouraging and formal action has not been necessary.

(d) DOCK ESTATE.

The Corporation, acting in their capacity as the Port of Preston Authority, arranged for the execution of works to improve the amenities used by the dock labour force and other personnel employed on the dock estate. Six new blocks of sanitary accommodation were almost completed by the end of the year; these contain modern fittings including sanitary conveniences, washhand basins, hot and cold water and warm-air dryers. New Messrooms were erected and more are to be built; these provide locker accommodation, first aid equipment, personal washing facilities, and facilities for taking meals.

At the request of the Port Health Authority, private firms built two new blocks of sanitary accommodation and messrooms for use of their employees working in transit sheds where a considerable tonnage of bacon in transit is stored. Improvements were effected in three privately owned canteens situated on the dock estate. Work was carried out at several offices to improve accommodation and for general compliance with the Offices, Shops and Railway Premises Act, 1963. Two new large office blocks used by private firms were built and a further block is under construction.

Other structural work completed on the estate included maintenance and re-surfacing of roads, the building of the first transit shed on the new dock Development Site, and certain drainage work including the connection to sewer of drainage previously served by a septic tank which discharged into the river.

(e) SMOKE CONTROL.

The entire area of the Dock Estate is contained within operative Smoke Control Orders resulting in the effective control of smoke emission from the many installations on the estate. During the year it was not found necessary to take formal action against any offenders. The plant of one firm was found to be emitting grit and dust; the owners carried out certain works of improvement so as to abate the nuisance.

With the gradual disappearance of coal burning ships the number of smoke nuisances from this source is almost negligible. The attention of ships' captains and engineers was directed to any smoke emissions and co-operation was found to be responsive and effective. No statutory action was necessary.

Welfare Services

Residential and Domiciliary Welfare Services for Aged and Handicapped Persons.

These services are carried out under the provisions of the National Assistance Act 1948 and are administered through a sub-committee of the parent Health Committee.

Residential Accommodation.

Residential accommodation under the Act is provided in four Corporation Hostels, providing facilities designed to create, as near as possible, a home life atmosphere. Additionally aged and infirm and also younger handicapped persons with special needs are accommodated in flats lying adjacent to one of the hostels—Wilson House.

The number of places available are:

Fulwood Civic Hostel	...	...	...	301 places.
Ashton House	...	...	...	45 places.
Sunny Bank	...	...	...	17 places.
Wilson House	...	...	...	38 places.

Flats—34 with accommodation for two persons in each flat.

The hostels and flats are ideally situated, being within easy access to main roads and bus routes, thus giving to residents an opportunity of keeping in close touch with activities and events outside the hostels. Indeed the residents of the smaller hostels and the more physically able at the larger unit are encouraged to take an interest in “outside” affairs and to develop and pursue their own interests.

The need to provide more accommodation for women at the Civic Hostel, Fulwood has been on the increase over the past few years. Last year was no exception and four rooms were taken over on the male side which gave additional accommodation for eight women. This, however, was not sufficient to prevent a waiting list having to be compiled and at the end of the year nineteen persons were listed. There were no difficulties about placement on the male side, as despite the “take over” of the rooms noted above there was sufficient accommodation to meet all demands immediately.

As the need for accommodation for women increases that for men seems to be on the decrease as for example the average number of males resident in the Civic Hostel, Fulwood was 104 last year as against 121 the year before.

Accommodation at the smaller hostels has been fully taken up during the year. Immediate accommodation could not be given to all who applied and consequently there was a small waiting list of six persons at year end. An urgent need at the small hostels is the provision of lifts. Ground floor accommodation at two of the homes is rather limited and as the ages of applicants are much higher now, the need for ground floor accommodation is on the increase—or alternatively a lift.

Facilities provided for the residents at the Civic Hostel, Fulwood take in chiropody, television, library, boot and shoe repairing, tailoring, laundry, handicrafts and hair-styling. A physiotherapy service commenced during the year but it has been suspended temporarily because of difficulties in obtaining sufficient staff to cope with needs. Similar services, apart from physiotherapy, are provided for residents of the smaller homes, including a hair-styling service which was started for the women residents during the course of the year.

Total admissions to all the hostels were 157 persons. The break down of this figure according to place admitted from is:

Own homes	...	...	...	...	...	...	100
Direct from hospital	...	...	...	...	...	...	33
Re-admissions from hospital	...	...	...	...	...	...	14
Of no fixed abode	...	...	...	...	...	...	4
Transfers from other hostels	...	...	...	...	...	...	6

Included in these figures are twelve persons admitted for a short term stay so that relatives with whom they lived could take a holiday or a rest.

Additionally ten persons were transferred to the Fulwood Hostel from the smaller hostels so that the individuals concerned could be provided with the more specialist and constant care required. As soon as they are well enough they are sent back to their previous accommodation.

Admissions according to age groups were:

<i>Age up to</i>	64 +	69 +	74 +	79 +	84 +	89 +	90 +
Fulwood Civic Hostel	22	18	13	29	26	13	8
Small Hostels	3	2	6	7	5	4	1

These figures show that of the total admissions 71% were aged 75 years or over. During 1965 six people aged 90 or over were admitted and during 1966 nine over 90 or over were admitted.

Discharges during the year totalled 170 persons, made up as follows—deaths 88, removed to hospital 33, to relatives and friends 22, to other hostels 3, at own request 24.

The chiropodist service continues to be a most popular and beneficial one, and residents take full advantage of it. During the year this service had to be suspended for a time because of a shortage of trained chiropodists and it was some months before the service became operative again.

Sessions are held each week and the return for the year is:

	<i>Sessions</i>	<i>Treatments</i>
Fulwood Civic Hostel ...	68	656
Ashton House ...	15	133
Wilsons House ...	16	144
Sunny Bank ...	9	92
	<hr/> 108 <hr/>	<hr/> 1,025 <hr/>

Hair styling has, of course, proved very popular. The hair stylists has to keep a tight check on "heads" as some of the residents want a "hair do" each week.

The trolley shop service started by W.R.V.S. over twelve months ago at the Civic Hostel, Fulwood is also proving very popular and has created an interest especially among the more frail of the residents. If it was only for this alone the service has proved itself.

No major adaptation was carried out at any of the hostels during the year, but for the current year £2,790 is to be spent on fire precautions at the smaller homes.

There was still a waiting list for tenancies of the flats adjacent to Wilson House, comprising five two member units and fourteen one member.

The staff at Wilson House continue to provide a good neighbour service to the tenants and during the year three tenants had special attention given to them over a period, such as the making of their meals, beds, doing their errands and visiting. Several of the other tenants had need of their doctor being called in or their relatives being contacted.

During the year eight new tenancies were allocated on account of the death or removal to other accommodation of the previous tenants.

Other Hostels

There is a continuing need to provide residential care for the younger physically handicapped person. This occurs when the persons concerned lose their "prop", father or mother dies or relatives are unable to cope any longer, or the persons themselves might have been managing alone and then they find they cannot continue without more care and supervision.

Consequently it was found necessary to place eight persons in accommodation during the year, giving a total of 30 persons in special accommodation at year's end. Of these five were in Epileptic Colonies, ten in homes for blind persons, five in homes for the elderly, seven in Group Captain Cheshire Homes, two in homes under the control of the Spastics Association and one in the Evelyn Devonshire Home, Buxton, for arthritics.

Table 99 shows the number of persons resident in various homes classified according to age, and table 100 shows the break down of this total according to disability and sub divided as between persons under 65 years of age and those over 65 years of age.

Table 99.

Age	Sex	Persons (exclusive of staff) residing in								Total
		Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations	
		Under 31	31-50	51-70	71-150	Over 150	In possession of a L.A.	In possession of hospitals		
1. under 30	M								1	1
2.	F								1	1
3. 30-49	M								4	4
4.	F					1			2	3
5. 50-64	M		1			8			2	11
6.	F	3				13			2	18
7. Total under 65		3	1			22			13	39
8. 65-74	M		11			35			1	47
9.	F	2	14			38			2	56
10. 75-84	M		10			40			1	51
11.	F	10	30			66			6	112
12. 85 and over	M		7			15				22
13.	F	2	4			39			5	50
14. Total 65 and over		14	76			233			17	340
15. Total all ages		17	77			255			27	376
16. Number of homes in which persons reside		1	2			1				
17. Number of persons accommodated on behalf of other local authorities (included in table above)							(a) aged under 65		2	
							(b) aged 65 and over		24	
							(c) Total		26	
18. Number of persons accommodated as residents by other local authorities on behalf of the Council (not included in table above)							(a) aged under 65		1	
							(b) aged 65 and over		2	
							(c) Total		3	

Analysis of persons aged under 65 in residential accommodation on 31st December, 1966 by major disability and size and type of home.

Table 100.

Table 100.									
Major Disability	Persons (exclusive of staff) residing in								
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations	Total
	Under 31	31-50	51-70	71-150	Over 150	In possession of a L.A.	In possession of a hospital		
1. Blind					1				1
2. Deaf									
3. Epileptic					2			2	4
4. Physically handicapped					13			10	23
5. Mentally subnormal									
6. Mentally ill									
7. Others	3	1			6				10
8. Total	3	1			22			12	38

Analysis of persons aged 65 and over in residential accommodation on 31st December, 1966 by major disability and size and type of home.

Table 101.

Table 101.									
Major Disability	Persons (exclusive of staff) residing in								
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations	Total
	Under 31	31-50	51-70	71-150	Over 150	In possession of a L.A.	In possession of a hospital		
1. Blind					5			10	15
2. Deaf									
3. Epileptic	..				4				4
4. Mentally handicapped					26				26
5. Others	14	76			198			5	293
6. Total	14	76			233			15	338

Temporary Accommodation.

The temporary accommodation premises 1, Maudland Bank, has been closed for this purpose and accommodation is now provided on the second floor, male side, Civic Hostel, Fulwood.

During the year sixteen applications were made for temporary care. Of these three families were admitted for varying periods—one for two days, another for an evening and the third for seventeen days. The first two families did not belong to the Preston area and were only accommodated sufficiently long enough to arrange for their return to their home-town. The need for temporary accommodation for the third family was because of eviction from property being bought on mortgage. The family was rehoused by the Housing Committee. In the case of eleven other families not admitted to accommodation, these were offered accommodation addresses and it was assumed that because they did not return that they were successful in finding a place. Of the two remaining families one was found accommodation by the Housing Committee and the other family was found accommodation by the Welfare Section staff.

Number of persons living in temporary accommodation at 31st December, 1966.

Table 102.				
	In local authority family accommodation	In local authority communal accommodation	Accommodated by voluntary organisations	Total
1. Men (aged 16 and over) ..	—	—	—	—
2. Women (aged 16 and over)	—	—	—	—
3. Children aged 5-15 ..	—	—	—	—
4. Children aged under 5 ..	—	—	—	—
5. Total	—	—	—	—

Welfare of Handicapped Persons.

The Council operates a direct service for the domiciliary welfare of blind, partially sighted and physically handicapped persons. The employment of blind persons in sheltered workshops is arranged with the Institute for Blind Welfare as agents of the Council and the North & East Lancs. Welfare Association for the Deaf, also acting as agents of the Council, provide a full range of Welfare Services for Deaf persons.

Because of the varying needs of the different groups of handicapped persons, services are not all alike, nevertheless there are basic requirements for each group, which are:

- (a) The ascertainment of handicapped persons.
- (b) Assessing their needs.
- (c) Meeting those needs.

It is fairly obvious now that in meeting needs it would be of great advantage and help if there were more hostels for the elderly infirm blind and for physically handicapped persons. Despite the wonderful work the voluntary organisations with homes of this type are doing, they can be very selective in the choice of cases for admission, and consequently the more infirm and senile are not accepted, with the result that such cases are admitted to the Civic Hostel, Fulwood.

Transport for handicapped persons is a necessity. At the present time the Authority has a specially adapted vehicle for the transporting of handicapped persons but this is not sufficient to meet the need, and another vehicle is required.

Blind and Partially Sighted.

There were 302 blind persons registered at year end, 112 men, 189 women and one female child. During the year 36 persons, 15 men and 21 women were admitted to the register as new cases. Of these 11 men were aged 65 years or over and 16 women were aged 60 or over. Taking the register as a whole, 68% are over pensionable age, and in the working age groups 52% of men and women are employed either in open or sheltered industry. One man was undergoing training in the Workshops for the Blind at the end of the year.

At year end five men and thirteen women were in Part III Accommodation and four men and seven women were in hospital and there was a total of 51 blind persons with other handicaps.

During the year 10 men and 8 women were admitted to the partially sighted register, the total number on the register at the end of the year was 116.

The ophthalmologist examined 54 persons, of these five were re-examinations all being re-classified as blind. In addition 15 men and 16 women were admitted to the blind register and 10 men and 8 women to the partially sighted register.

Two home teachers for the blind aided by Social Welfare Officers have been concerned with domiciliary work with the blind, 3,100 visits have been made. During these visits practical assistance has been given to the blind persons on 252 occasions in the form of letter writing, escort duties, domestic chores. Four persons have had 65 lessons in Braille and three persons have had eight lessons in Moon. Five handicraft lessons have been given to three persons.

Blind persons have certain concessions granted to them which covers free bus passes, wireless and dog licences, and at the end of the year 266 persons held bus passes, 158 held wireless licences and 23 held dog licences.

The National Library for the Blind operates a free library service and 16 blind persons make use of it. In all 38 blind persons can read Braille competently but several of them are obviously not interested enough to take advantage of the library service. In addition to those who can read Braille five others are competent in the reading of "Moon".

Other forms of keeping blind persons in touch with events are through the talking book service and wireless. In this connection 18 persons use the talking book service, 40 persons have wireless sets provided through the British Wireless for the blind Fund and 90 persons take advantage of the Rediffusion service at a reduced rental charge.

Gifts of chocolates or cigarettes or tobacco were distributed among 108 blind or partially sighted housebound persons.

Two outings during the year attracted 40 and 60 persons.

Employment.

There were 26 persons employed in open industry during the year, as telephone operators, gardeners, machine tool operators, fitters, carpenters, labourers, domestics and piano tuning.

At the end of the year 24 persons were in sheltered workshops, managed and administered by the Institute for Blind Welfare. This voluntary organisation continues as agents of the Authority in the provision of sheltered workshop employment and training for employment. The Authority being responsible for the payment of augmentation to approved workers, up to an agreed national level, and also makes a grant to the Institute towards the administrative expenses involved in running the workshops. Training grants to trainees are paid by the Ministry of Labour.

General Classes of Handicapped.

During the year 51 persons, 25 men and 26 women were admitted to the general classes of handicapped register. Referrals came from many sources indicating a greater awareness by people of the local authority services for physically handicapped persons. Of these persons registered during the year one was grouped as capable of work under ordinary working conditions, two capable of work under sheltered conditions, three capable of work at home, forty-three regarded as incapable of work, and the remaining two were of school age. Of the three persons in the first two groups one is working in open industry at A.E.I. Strand Road. The other two attend the Handicapped Persons' Workshop & Social Centre and are training in Gold Thread Embroidery. One of these has been accepted for more advanced training by Stephen Simpsons, the Gold Thread Embroidery firm, and attends there each half day Monday to Friday. The three capable of work at home attend the Handicapped Persons' Workshop and Social Centre occasionally. They have had adaptations carried out at their homes to afford them more mobility. Of those incapable of work fifteen have attended the Handicapped Persons' Workshop and Social Centre fairly regularly and in nine of these cases transport has been provided to take them there. Of the remainder five are awaiting transport to take them to the Centre and one has been found accommodation in a Group Captain Cheshire Home. All persons registered during the year have been offered some service other than visiting. It is a pity that in some instances the persons concerned have not taken advantage of the offers made.

At the end of the year the total number registered was 776—353 men and 423 women. There were 93 children under the age of 16, 238 men between 16 and 65 years and 213 women between 16 and 60 years. Men aged 65 and over and women aged 60 and over represented 30% of the total figure.

The Section Social Welfare Officers have carried out 290 visits during the year, relating to first visits, re-visits, adaptations to homes, aids for the handicapped, arranging transport.

Adaptations were carried out to the homes of seventeen persons at a cost of £302. These adaptations gave the handicapped person more mobility, allowing him to get about his home more freely, enabling him to get outside and take an interest in

matters outside his home. In some instances, by fitting hand rails to stairways and bathroom walls and installing low level baths giving him more independence and courage. Handicraft lessons have been given to 17 housebound handicapped persons.

To enable disabled drivers to overcome parking difficulties this Authority acts as the agent of the Ministry of Health in the distribution of car badges. These badges are easily distinguishable and enable traffic control personnel to spot the disabled driver and help him with any parking difficulties he may have. A total of 60 disabled drivers have taken advantage of this scheme.

Despite all the help that can be given it was still found necessary to find special residential accommodation for six young handicapped persons.

The summer outing attracted 66 persons and at Christmas time the housebound were provided with a gift of either chocolates, tobacco or cigarettes.

Table 103 shows the total number of persons on the register at the end of the year and also shows the groupings according to nature of disease and age.

Table 103.						
Major handicaps	Age					Total
	under 16	16-29	30-49	50-64	65 or over	
1. Amputation	1	1	6	15	18	41
2. Arthritis or rheumatism	1	8	7	39	75	130
3. Congenital malformation or deformities	7	12	7	3	7	36
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis or of the skin	9	23	9	22	33	96
5. Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	9	7	9	15	26	66
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	56	86	74	62	48	326
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	1	2	1	4	1	9
8. Tuberculosis (respiratory)	—	5	5	4	1	15
9. Tuberculosis (non-respiratory) ..	1	19	2	1	—	23
10. Diseases and injuries not specified above	8	4	3	12	7	34
11. Total	93	167	123	177	216	776

Deaf and Hard of Hearing.

The North and East Lancs. Welfare Association for the Deaf continued, as agents of the Authority, to provide a full range of Welfare Services for the Deaf. The Association has extended its sphere of activities to deaf within hospitals and the Hospital Management Committee are covering expenses in this regard. The staffs of the Association and the Welfare Section keep in close touch about matters affecting the deaf and hard of hearing and on a number of occasions "combined operations" have produced a satisfactory service for the person concerned.

The Authority helps financially and made a per capita grant of £25 for each registered deaf person residing within the Borough, discounting children up to the age of 16 and persons in residential care. The total sum paid was £1,775.

Table 104 shows the total number of person registered in various categories and also the number admitted to the register during the year.

Table 104.									
Age	Sex	Number of persons on register at 31st December, 1966				Number of persons whose names were added to the register during the year ended 31 stDecember, 1966.			
		Deaf with speech	Deaf without speech	Hard of hearing	Total	Deaf with speech	Deaf without speech	Hard of hearing	Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Under 16	M	6	—	17	23	1	—	1	2
	F	3	—	15	18	—	—	1	1
16-29	M	11	1	16	28	—	—	—	—
	F	7	—	12	19	—	2	—	2
30-49	M	11	—	5	16	—	—	—	—
	F	12	—	5	17	—	—	—	—
50-64	M	12	—	2	14	—	—	—	—
	F	7	—	6	13	—	—	—	—
65 or over	M	3	1	11	15	—	—	—	—
	F	9	—	22	31	—	—	—	—
Total		81	2	111	194	1	2	2	5

Handicapped Persons' Workshop and Social Centre.

It is difficult to imagine the feelings of a person who is suddenly struck down by an accident or serious illness when he comes to realise that major adjustments have to be made in his way of life because of the crippling and immobilising effects of his

injuries or disease. He is no longer independent, self reliant, a leader of his group; instead he becomes dependent on others, less self assured. In effect he has to take a back seat. But despite his disabilities the handicapped person still wishes to be as independant as possible. as self reliant as possible, and to be a leader once more. He is not usually always able to achieve this aim on his own and needs help, guidance and encouragement from an outside source.

He wishes to become accepted by the community again, to become one of the community as an individual and not as someone accepted because of his disabilities.

It is the function of the Handicapped Persons' Workshop and Social Centre to make such needs realisable, to bring hopes to fruition. Thus every attempt is made at the Centre to give the disabled whatever help is needed to make them once again useful and important cogs in society.

The aims of the Handicapped Persons' Workshop and Social Centre are:

- (a) To restore independence.
- (b) The provision of work.
- (c) The provision of handicrafts and social and recreational activities.

Initially an assessment is made of the disabled persons needs and every effort made to provide what he wishes to do and not to saddle him with something that he is not interested in. Recently a man attended the Centre who had spent his working life as a wireless and television mechanic. He was not interested in chair seating or making leather goods, but as soon as he was found radio and television sets to repair he became interested and happy.

Various industrial work is carried out at the Centre and during the year 26 persons were engaged on carrier bag making and calendar work, preparing cards to hold brooches, gold thread embroidery, painting toy soldiers and other works of simple assembly.

An average of 47 blind persons attended the Centre for pastime occupations and between them had 606 lessons on different crafts. An average of 40 blind persons attended for social and recreational activities. On the physically handicapped side an average of 45 attended, being given 1,114 lessons in various crafts. On the recreational side an average of 11 persons were attracted by this form of activity during the day and an average of 43 in the evening.

The five winter concerts for both blind and physically handicapped persons attracted an average of 110 and 105 persons respectively and the Christmas Parties 70 and 170 persons respectively.

A most popular and worthwhile service is that of chiropody and during the year 182 treatments were given to blind persons and 242 treatments to physically handicapped persons.

For those who wish to partake of the service lunch can be provided daily at the Centre at a charge of 1/6 per meal. A total of 1,579 meals were served to blind persons and 3,128 to the physically handicapped group.

Journeys made by the personnel carrier over the year for the blind and physically handicapped were:

						<i>No. carried</i>	<i>Journeys</i>
Blind	...	...	...	...	...	2,568	365
Physically Handicapped	...	...	...	...	...	5,475	748

At the end of the year 20 persons were awaiting transport to the Centre.

Table 105.
Follow-up of Registered Blind Persons
January 1st—December 31st, 1966.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	3	10	—	19	32
(b) Treatment (medical, surgical or optical) ..	2	—	—	2	4
Total	5	10	—	21	36
2. No. of cases at 1(b) above which on follow-up action have received treatment	1	—	—	1	2

Table 106.
Follow-up of Registered Partially Sighted Persons.
January 1st—December 31st, 1966.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	5	1	—	5	11
(b) Treatment (medical, surgical or optical) ..	5	1	—	1	7
Total	10	2	—	6	18
2. No. of cases at 1(b) above which on follow-up action have received treatment	3	1	—	—	4

Domiciliary Visiting and Care.

During the year health visitors made 3,509 visits to aged persons.

On the initial visit immediate needs are determined and met, a case history is compiled and when necessary follow-up visits carried out. Members of the staff of the Welfare Section devote part of their time to enquiries about hostel accommodation, flats, adaptations to homes, and protection of property.

Visiting of the aged is also undertaken by many of the voluntary organisations and Church groups associated with the area, but the extent and character of the work done is not known as no records are available.

Where voluntary organisations have a link with the Authority, some information does filter through and consequently can be reported. For example the Preston Council of Social Service organised two "Shopping Evenings." On each occasion 100 and 130 handicapped persons took part. Transport was provided by the Rotary Club, the Round Table, the Lions, English Electric Company and others. Wheel-chairs were provided by the St. John Ambulance Brigade along with helpers and additional help was provided by young persons from schools and churches.

Monthly meetings are held by the Old People's Welfare Committee which deal with problems affecting the aged. The main activity of this Body being to arrange for the visiting of persons living alone without a friend, relative or neighbour who could call upon them. In this connection some 500 visits have been made. Older school children take part in this visiting service which during the year was augmented by two other groups of young visitors—one from Winckley Square Convent School and the other from the William Temple School.

The W.R.V.S. Darby and Joan Luncheon Club continued with the service of providing lunches and arranging chiropody sessions. 2,601 meals were provided during the year and 28 sessions were held at which 210 chiropody treatments were given. W.R.V.S. personnel have paid 600 visits to 240 aged persons among whom are several war widows of the first world war.

Over 200 food parcels were given by various voluntary organisations for distribution at Christmas time. W.R.V.S. members packed most of them.

The old Men's Brotherhood and the Catherine Beckett Club continue with their work of providing social and recreational activities for their members.

The Mayor's Fund realised £645 which was distributed among the elderly of the area, 1,022 persons were helped through this fund.

Protection of Property.

The valuable moveable property of 36 persons in need of residential care was given safe keeping during the year. In ten of these cases the homes of the persons concerned were left unoccupied. The police were requested to keep a check on these properties and the Welfare Section staff kept a check also on the premises.

Interments.

Under the provisions of Section 50 of the National Assistance Act 1948, the Welfare Section arranged for the burial of twenty deceased persons for whom no suitable arrangements had or were being made.

The full cost of the funeral expenses was recovered from the estate of the deceased in 17 cases and part cost in two cases.

National Assistance Act 1948 and 1951.

No action was taken for the compulsory removal of persons under Section 47 of the National Assistance Act.

APPENDIX I

Report submitted to Health Committee 21st June, 1966

CLEAN AIR ACT, 1956.

Proposed sixteenth area of smokelessness.

About 33% of the town dwellings are now covered by confirmed smoke control orders and it is suggested that a sixteenth area of smokelessness be established in Ashton immediately adjacent to the Nos. 9, 10 and 12 areas. The area has been surveyed and the relevant data are set out below.

DEFINITION OF THE AREA.

The area of the County Borough of Preston which lies within a line commencing at the intersection of the centre lines of Watery Lane and Tulketh Road, then proceeding north-westwards along the centre line of Tulketh Road to its intersection with Blackpool Road, then westwards along the centre line of Blackpool Road to its intersection with Pedders Lane, then southwards along the centre line of Pedders Lane to its intersection with Watery Lane, then eastwards along the centre line of Watery Lane to the point of commencement.

SIZE OF THE AREA.

94 acres approximately.

NUMBER AND CHARACTER OF PREMISES WITHIN THE AREA.

(a) *Dwelling Houses*

(i) Private	...	...	...	...	...	...	...	775	
(ii) Local Authority			...	...	...	...	...	68	
								<hr/>	843

(b) *Other Premises*

(i) Commercial, Shops, Offices, etc.	...	...	...	...	14	
(ii) Churches and Halls	...	...	...	...	3	
(iii) Clubs and Public Houses	...	...	...	...	4	
(iv) Police Station	...	...	...	...	1	
(v) Hospitals	...	...	...	...	1	
(vi) Government owned offices	...	...	...	...	1	
					<hr/>	24
Total premises in the area	...					867

FUEL REPLACEMENT.

It is estimated that some 2,200 tons of bituminous fuel will require to be replaced by other forms of energy source. Experience suggests that less than half of this demand will fall on solid smokeless fuel.

COST OF CONVERSION.

This area consists of a mixture of detached, semi-detached and terraced properties and the average cost of conversion may tend to be higher, at about £40 rather than the lower figure prevailing in the recently completed areas. On the other hand there may well be a higher proportion of houses that are already modernised and for which no grant will apply. The best information suggests that the cost to the Corporation would be in the region of £8,000.

INDUSTRIAL PREMISES AND EXEMPTIONS.

No technical processes involving smoke production take place in this area and in consequence only the usual exemption in respect of the use of sticks and paper for kindling in buildings without a gas supply is recommended.

DATE OF OPERATION.

1st May, 1967, is suggested as a reasonable date for the coming into operation of such an order.

J. S. G. BURNETT.

Medical Officer of Health.

Municipal Building,

Preston.

9th June, 1966.

JSGB/MML/S.12(w).

APPENDIX II

Report submitted to Health Committee, 20th September, 1966

CLEAN AIR ACT, 1956

Proposed seventeenth area of smokelessness.

Including the last order made by the Corporation, against which no objection was lodged within the prescribed period, some 35% of the dwellings in the town are now involved. These are situated in just over one third of the area of the town all of which, with the exception of the Longridge Trading Estate area, lies west of London Road and Deepdale Road.

It is suggested that a seventeenth area of smokelessness be created from that part of the town lying in the angle formed by the north bank of the Ribble and the west side of London Road and adjacent to the boundaries of the Nos. 6 and 8 areas. The implementation of this suggestion would complete the coverage between London Road and Penwortham south of Church Street and Fishergate. The area affected is wholly residential in character.

The relevant data are set out below.

SIZE OF THE AREA.

65 acres.

DEFINITION OF THE AREA.

The area of the County Borough of Preston which lies within a line commencing at a point on the Borough boundary opposite the junction of the Boulevard and Ashworth Grove, then proceeding north-westwards to the point of junction of the Boulevard and Ashworth Grove, then westwards along the centre line of Ashworth Grove and part of Malvern Avenue to a point opposite No. 3 Malvern Avenue, then north-westwards and northwards along the centre line of the footpath connecting Malvern Avenue with Southern Parade to the point on the centre line of Southern Parade opposite the centre line of such footpath, then south-westwards along the centre line of Southern Parade to the centre line of Manchester Road, then north-westwards along the centre line of Manchester Road to the point opposite the south-eastern boundary of No. 131 Manchester Road, then north-eastwards along the south-eastern boundary of No. 131 Manchester Road, then south-eastwards along the north-eastern boundaries of the premises Nos. 133, 135 and 137 Manchester Road, then north-eastwards along the north western boundary of the bonded warehouse to the centre line of Princess Street, then south-eastwards along the centre line of Princess Street to its intersection with Carr Street, then north-eastwards along the centre line of Carr Street to its intersection with Albyn Bank Road, then south-eastwards along the centre line of Albyn Bank Road to its intersection with Larkhill Street, then north-eastwards along the centre line of Larkhill Street to its intersection with George Street, then south-eastwards along the centre line of George Street to its intersection with Albyn Street East, then north-eastwards along the centre line of

Albyn Street East to its intersection with London Road, then south-eastwards along the centre line of London Road to the point on the Walton Bridge immediately over the Borough boundary, then south westwards along the Borough boundary to the point of commencement.

NUMBER AND CHARACTER OF PREMISES WITHIN THE AREA.

(a) *Dwelling Houses*

(i)	Private	...	...	...	...	...	...	...	919
(ii)	Local Authority	...	...	...	...	...	...	...	54
(iii)	Included in Housing Act orders	...	...	...	...	...	...	...	4
									<hr/> 977

(b) *Other Premises*

(i)	Schools	...	...	...	...	...	...	...	1
(ii)	Clubs	...	...	...	...	...	...	...	1
(iii)	Public Houses	...	...	...	...	...	...	...	3
(iv)	Shops, etc.	...	...	...	...	...	...	...	6
									<hr/> 11
Total premises									<hr/> 988

FUEL REPLACEMENT.

It is estimated that some 2,583 tons of coal per annum will be replaced by smokeless fuel.

COST OF CONVERSIONS.

It is considered that the cost to the Corporation will be about £9,800.

EXEMPTIONS.

General exemption is recommended for the use of kindling sticks and paper where a building has no gas supply.

DATE OF OPERATION.

It is suggested that this area become operative 1st August, 1967.

J. S. G. BURNETT,
Medical Officer of Health.

Municipal Building,
Preston.

15th September, 1966.

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SCHOOL HEALTH REPORT, 1966

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INTRODUCTION

To the Chairman and Members of the Special Services Sub-Committee of the Education Committee.

I have to submit for your consideration a report on the health of the schoolchildren in Preston for the year 1966. Dr. Purdom has again undertaken the task of collecting, preparing and arranging the contents of the report and I am grateful to him for his assistance.

1966 saw the introduction of selective examination of schoolchildren in two areas of the town for which Drs. Carroll and Hunt are responsible and fuller comment on this subject appears later in these pages. Coincidentally special sessions for the treatment of minor ailments were eliminated and the regular weekly visits of the school nurse to school are now designed to give a closer association between nurse and teacher in the care of the schoolchild.

Further evidence of change is the gradual disappearance of local education authority clinic sessions attended by hospital consultants but the effect of this is less important than it might seem. The liaison at medical level through Dr. Purdom in his capacity as Honorary Clinical Assistant to the hospital paediatric unit and at nursing level where two health visitors work in the paediatric and diabetic units enables an oversight to be maintained and the educational needs of the child to be kept in the forefront.

The mass scrutiny of children in relation to specific conditions such as visual and hearing disability has been carried further, younger age groups being dealt with and more effective testing of the less literate being achieved.

Reference has been made in recent reports to an increasing incidence of scabies since 1963 and the figures this year are the highest for 20 years. The increase is not of course peculiar to Preston and its occurrence in schoolchildren is generally coincidental with a family infestation. Head louse infestation has also received special attention during the year and the additional cleansing facilities now available at Ribbleton are helpful in meeting the problem in that area.

The accompanying pages set out the work carried out by the staff during the year and it will be seen that the major gaps are associated with an absence of staff especially for speech therapy, physiotherapy and dentistry. These staff deficiencies constitute a major anxiety. With this qualification it can be said that the health of the school population remains good and that reasonable services are readily available for those in need.

J. S. G. BURNETT.

School Medical Officer.

SCHOOL HEALTH REPORT, 1966

A.—GENERAL INFORMATION

1. Statistical Data.

Statistical data, including the cost of the School Health Service and tables relating to the medical inspection of school children will be found in the Appendix at the end of the report.

2. Staffing.

- (a) *Medical Officers.*—The establishment of six departmental medical officers was maintained at full complement throughout the year, without change in staff.
- (b) *Dental Officers.*—The Principal Dental Officer had part-time assistance from one other dentist during the first two months of the year but was thereafter single-handed until the appointment of a full-time senior dental officer in November.
- (c) *Clinic Nurses and Health Visitors.*—At the end of the year there were six clinic nurses and 26 health visitors. Three of the latter were employed in a part-time capacity.
- (d) *Ancillary Staff.*—The two physiotherapists employed by this Authority and giving part-time service in the School Health Service resigned in July and December, 1966. The vacancy for Speech Therapist remained unfilled during the year.

3. School Population.

Table 106 shows the number of schools of various types in Preston, and the number of children on roll at 23rd December, 1966. No school was closed and no new one opened during the year.

4. Deaths of School Children.

During the year the deaths were recorded of five Preston school children whose ages fell within the range of five to fourteen years. Two of these deaths were from malignant disease, two the result of road accidents and one from a familia disorder of fat metabolism.

Table 107.
School Population.

Type of School	No. of Schools	No. on Roll
Primary	33	10,339
Secondary	9	5,212
Secondary Grammar	5	3,276
Special (Day)	2	252
Nursery School	1	90
Total	50	19,169

B.—ROUTINE EXAMINATIONS.

1. Periodic Medical Inspections.

Each pupil is medically examined on school entry and before leaving school. Examination of pupils at about 11 years of age continued as a routine procedure except in the primary schools for which two of the medical officers are responsible. In these, selective medical inspections for this age group were instituted in the latter half of the Autumn term.

SELECTIVE MEDICAL INSPECTIONS.

Initially the new scheme for selective inspection of pupils in the intermediate age group is only operating in 14 of the primary schools, involving approximately 40% of the relevant school population. Information from parents, head teachers and their staff, and from school nurses and medical records is all considered before deciding whether medical examination of a pupil is necessary. As in the case of routine medical inspections parents of all children in the appropriate age group are sent a questionnaire for completion. This has been modified with the addition of questions requiring "yes/no" answers, which should provide more accurate information for selecting. (See Appendix). Head teachers are requested to indicate those children they consider require examination, enumerating the reasons. For their guidance, conditions likely to warrant investigation are set out in a numbered list. From this written information and his own records, the school doctor will have some idea of those who should be medically examined, but the selection is not finalised until after conferring in school with the Head teacher and school nurse. Whether selected or not, all pupils are tested for vision, while the boys have a test of colour vision. These remain routine procedures.

It is too early at this stage to comment much on the operation of this scheme. Time is not saved, but is better spent than in examining large numbers routinely, often without adequate history for an opinion to be expressed. Each child submitted for selective examination provides some sort of problem, and this makes the work more rewarding. Next year it should be possible to give more details, and some evaluation after a year's operation of the scheme.

FINDINGS AT PERIODIC MEDICAL INSPECTIONS.

Figures include pupils submitted for medical inspection after selection as described above. The reduced figures are largely to be accounted for by the introduction of these selective inspections for some of the intermediate age group.

During 1966, 5,159 children were inspected compared with 5,849 in the previous year. Defects for which treatment was advisable totalled 1,222. Details are given in Table 113 in the Appendix. Four children were classified as of unsatisfactory physical condition, this being the same number as for 1965. No special comment is necessary on the incidence of defects requiring either treatment or observation. Variation in incidences from year to year occurs without significance. Fluctuation in the figures given, is contributed to by changes in medical staff, for allowance must always be made for a measure of variation in the clinical opinions of individual doctors. While medical opinion may vary, recording of findings is standardised in accordance with the code suggested in a memorandum issued by the Society of Medical Officers of Health.

2. Hygiene Inspections.

There has been no significant change in the incidence of head louse infestation in the past three years. Overall about 6% of children are found with evidences of pediculosis. The schools with the highest levels of infestation are at some considerable distance from existing cleansing centres. Arrangements have been made for the opening of an additional cleansing centre at Ribbleton Clinic to meet that problem, and for intensive treatment of affected children from these schools, together with attempts to educate the whole family. Table 108 summarises the findings of hygiene inspections for 1966.

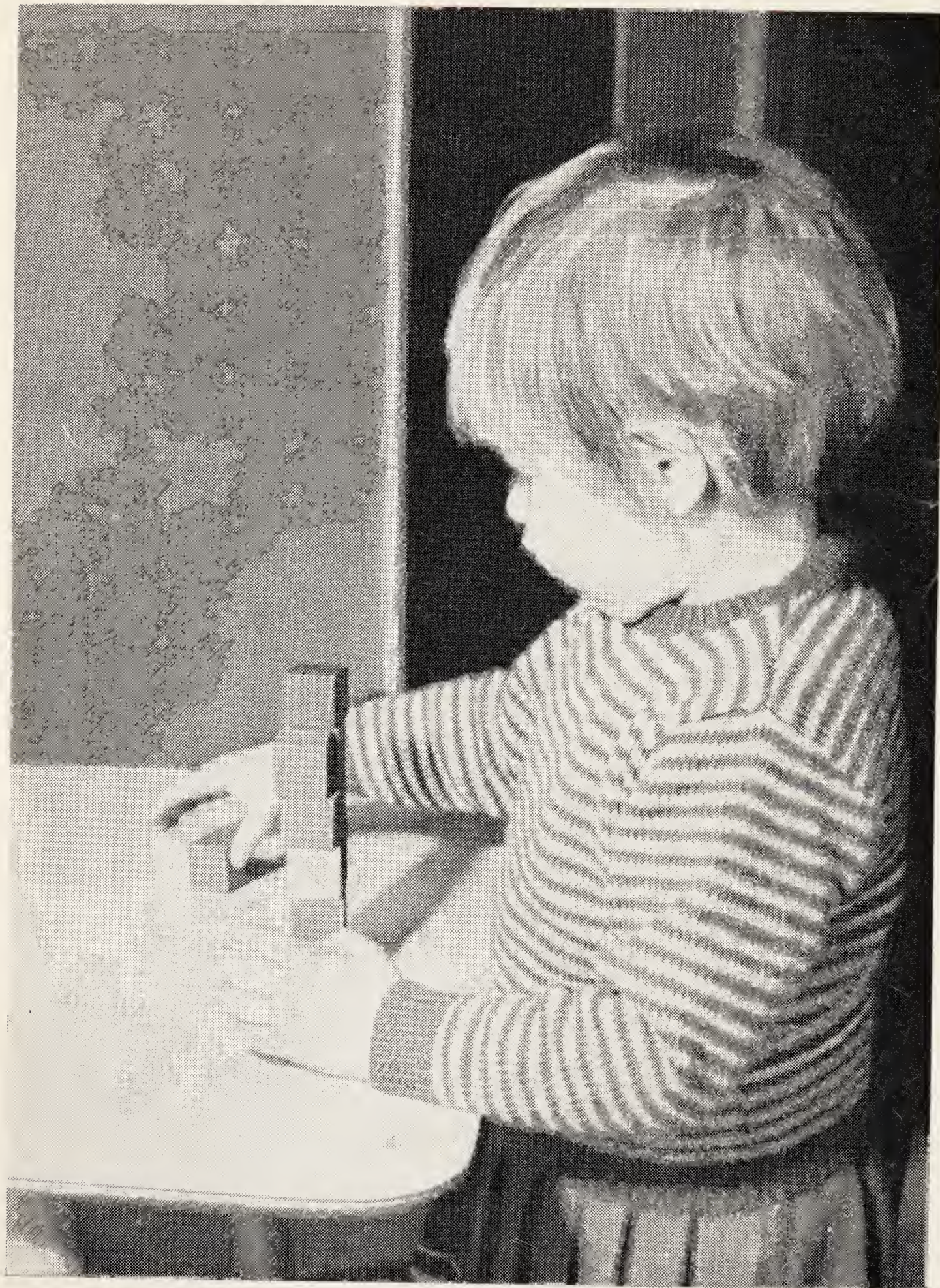
Table 108. Head-Louse Infestation					
Total number of examinations in the schools by the school nurses ...					39,895
Total number of individual pupils found to have head-louse infestation ...					1,440
Number of pupils inspected in Spring term ...					11,412
Number of these pupils found to have head-louse infestation ...					764
Percentage found to have head-louse infestation ...					6.69

3. Routine Vision Testing.

The aim is for each school child to have at least five tests of vision during his school life. Three of these are carried out at the time of the routine medical inspections: the other two at ages 8+ and 12+ years. It has still not been possible to cover fully the children in the latter age groups. There were 1,042 8-year-old and 874 12-year-old pupils tested during the year. Essentially the duty of the clinic nurses, it has been necessary to utilise the service of health visitors as well.



POINT DUTY?—NO—VISION TESTING



HEIGHT OF ACHIEVEMENT

Reference was made last year to the proposed use of the "Keystone" vision tester. Trial use was made of this apparatus during the summer term, while in the autumn term it was used routinely for the 8+ age group. The apparatus can be used for literate and illiterate pupils by the insertion of appropriate test cards. Of the 624 children tested by this method, there were 19 who required the test for illiterates. Altogether there were 133 children failing the test. This failure rate of 21% was higher than anticipated. Checking of the machine at the end of the year revealed a faulty setting for the test cards which was producing this pessimistic result. Adjustment has since produced a more realistic picture. Children failing the test are referred to the eye clinic, if not already under treatment.

A second Keystone vision tester is to be purchased during the next financial year so that the same standard of vision testing is applied to other age groups.

4. Routine Audiometry.

The increased number of children who had a screening test of hearing in 1966 (2,122, as compared with 1,364 in 1965) is accounted for by the application of the test now to children in a younger age group. Included in the figure given are pupils from both the 5 to 6 and 6 to 7-year-old age groups. In future the test will be confined to all children in the younger group so that the test is received by pupils during their first year at school.

Of the 2,122 pupils there were 101 who failed the hearing test. These were reviewed by the school medical officers. About one quarter of them were considered to have no defect requiring further investigation or treatment, while a similar proportion were already under treatment at the E.N.T. clinic. There were 35 children recommended for full pure-tone audiogram and half of these required referral to the E.N.T. specialist following an unsatisfactory result. One child required issue of a hearing aid.

C.—SPECIAL EXAMINATIONS.

1. Special Medical Inspections.

Re-inspection of pupils with defects has become more selective in the past few years. There has been a considerable reduction in the numbers of pupils reviewed in recent years. The aim is to concentrate on those in some way disabled (especially educationally) by their condition, and on those who are liable to become handicapped. In addition, children from poor home environments may be reviewed while their fellows with similar defects but from secure homes may be safely discharged. While children with visual defects form a large proportion of those called for re-inspection, there are many co-operative pupils, known regular attenders at an eye clinic, for whom additional review in school is unnecessary, and has therefore been discontinued. Where defaulting from attendance at the eye clinic occurs this is reported to the clinic doctor for action. The figure in Table 114 in the Appendix relates to defects actually discovered in the course of a special medical inspection, and do not include conditions previously noted.

There has been more detailed reference in previous years to the use of the bell and pad alarm apparatus for children suffering from nocturnal enuresis. During 1966, 20 children were issued with the alarm (10 boys, 10 girls). In addition 7 children were maintained on treatment from 1965. The position at the end of 1966 was as follows:

Cured, 11; Not improved, 7; Still on treatment, 9.

2. Juvenile Employment.

Part-time employment of school-children is only permissible when medical fitness has been certified, and when the requirements of age and working hours are satisfied. The lower age limit is 13 years and the maximum of two hours work per school day must be within the period 7.0 a.m. to 7.0 p.m. In 1966, 168 pupils were medically examined for this purpose.

3. Convalescent Holidays.

With 103 children (51 boys, 52 girls) having the benefit of a fortnight's convalescent holiday at the Craig Convalescent Home, Morecambe, it is evident that the four places reserved there for Preston children have been fully utilised. Nominations are made by headteachers. The medical certificate frequently indicates poor social conditions alone as the qualification for this provision. Medical screening, however, is necessary to exclude children for whom the provision is inadvisable.

No children were recommended in 1966 for holidays organised by the British Epilepsy Association.

4. Training College Entrants and School Teachers.

During the year medical examination was undertaken of 113 candidates for teacher training colleges and 4 teachers entering employment not directly from college. The number of training college candidates examined annually has more than doubled during the past five years.

5. Minor Ailment Treatment.

Sessions for minor ailment treatments finally ceased in the Autumn term after progressive reduction in this provision over recent years. Treatment is the province of family doctor and hospital services, while ascertainment is the prime work of school nurse. Furthermore, the incidence of minor ailments in school children has decreased dramatically in the last two decades consequent on improvement in nutrition and hygiene, and advances in medical treatment with its free provision under the National Health Service. All these factors pointed to the advisability of this change. As to the first aid treatment of emergencies in school there is no change. This has always been undertaken by responsible persons available at the time, while first aid supplies have never been a provision of the School Health Service. However, advice on first aid treatment may be sought from the medical staff.

Subsequent to the cessation of minor ailment sessions, regular contact with schools has been maintained by school nurses through planned weekly visits. The intent of these is so that problems of children, physical or emotional, may be discussed with the head teachers and appropriate action taken. So far as is possible, the health visitor in whose district a primary school is situated, acts as school nurse for that school. Her knowledge of families in that area frequently provides a clue as to the origin of problems. Secondary schools are also covered by weekly visits but these are largely undertaken by the clinic nurses, who however can always consult individual health visitors where information regarding family background is required. The school medical officers have regular contact with the school nurses so that advice may be given or arrangements made for a consultation.

Table 115 in the Appendix shows the work carried out at the minor ailment sessions during the year. Treatment of scabies is not of course carried out in schools and the figures relate to the number of school children treated at the cleansing centre at Greenbank Clinic. The arrangements for treatment of scabies remain unaltered in the reorganisation. There has been a further increase in the number of children treated for scabies this year, and this seems to be part of a more widespread increase in this infestation. The present increase in scabies in Preston began in 1963. The figures for 1966 are the highest since 1948. A similar pattern of incidence over the years has been reported elsewhere. One of the essentials of scabies treatment, and one difficult at times to obtain, is co-operation from every member of the family and their simultaneous treatment. Often there is difficulty in persuading the father of a family to present himself for treatment. While the year ended without an attendant to give treatments at the cleansing centre at Greenbank Clinic, further appointments to fill the vacancies were made early in 1967.

D.—HANDICAPPED PUPILS.

1. Ascertainment.

There was no change during the year in the arrangements for ascertainment of physical or mental defect. As mentioned in previous reports, regular developmental and physical examination in child-welfare clinics, especially of children "at risk" or with a recognisable handicap, is ensuring that special provision in education can be anticipated, and recommendations made at the appropriate age.

Details of examinations carried out to determine educational subnormality are given in Table 116 in the Appendix. All but one of the school medical officers are qualified to carry out this form of ascertainment. Figures given in Table 116 relate to children formally ascertained and not to mental tests carried out. Informal admission to the day school for educationally subnormal pupils is now the more usual procedure, but formal ascertainment is always carried out where residential schooling is recommended. Table 117 gives an analysis of the special educational provisions made for all handicapped pupils.

2. Special Educational Provision.

(a) IN ORDINARY SCHOOL.

At the end of the year there were 97 children attending ordinary schools who were listed for speech therapy, a provision which has been entirely lacking since Easter, 1965 and very limited prior to that. The absence of this provision is most regrettable, but nevertheless ascertainment and recommendation for therapy where indicated will continue.

Partially-hearing pupils constitute the other major category of handicapped pupils attending ordinary schools. There were 32 pupils with hearing aids attending ordinary schools at the end of the year. Priority is given to such children to ensure the right and regular use of their aids, suitable positioning in class, and the early recognition of any deterioration in their already impaired hearing. Reports from teachers as to progress in school are invaluable. For some of these children it is clear that greater supervision is essential. It is hoped that provision for these in special classes will not be much longer delayed.

There were eight children classified as maladjusted who attended ordinary schools. All these were resident at Larches Hostel. Two children ascertained as educationally subnormal attended ordinary day schools, one pending admission to the special school and one on account of parental refusal to co-operate in the recommendation.

Only infrequently is there the necessity for diabetic children to have special education, and of course there is no longer the category of "diabetic pupils". The attendance of a health visitor at the hospital Diabetic Clinic, has helped much in the management of diabetes in the school-child. Of the nine Preston school-children known to be diabetics, eight were attending ordinary day schools, one being provided for at the Open Air School (P.H.).

(b) HOME TEACHING.

There were altogether 12 children who received home tuition during the year. Of these, there were four who commenced this provision in 1966, all of them completing it by the end of the year with return to ordinary schools. Two of these pupils were suffering from rheumatic fever. A further four children had home teaching continued from 1965, Two of these completed it during the year, one returning to ordinary school after rheumatic fever, while the other, a partially hearing pupil, was placed in the day school for educationally subnormal pupils. The remaining four pupils have had home tuition for two years or more. One, a boy suffering from haemophilia, was placed in a residential school after ten years of tuition at home and no previous school experience. Another, a boy with a severe rheumatic heart complaint was given a trial at ordinary day school in the Autumn term, and this has proved entirely satisfactory.

Table 109 gives details of the conditions for which home teaching was required during 1966 while Table 110 gives comparative figures since 1957.

[illegible]

Table 110.
Pupils having Home Teaching, 1957-66.

Year	Total for year	Number at end of year
1957	34	19
1958	29	11
1959	25	15
1960	24	12
1961	26	7
1962	12	6
1963	10	8
1964	18	11
1965	15	8
1966	12	4

(c) RESIDENTIAL SPECIAL SCHOOLS.

Details are given below. Of the 21 Preston children at the Royal Cross School for the deaf only 10 are residential there being 11 attending as day pupils. Similarly two of the 7 children attending the Fulwood School for partially sighted, attend as day pupils.

Table 111.
Children in Residential Special Schools

Category	School	Number of Preston pupils
(a) Blind Pupils	—	—
(b) Partially Sighted Pupils	School for Partially Sighted pupils, Fulwood, Preston (Day Class)	7
	St. Vincent's School for Blind and Partially Sighted	1
(c) Deaf Pupils	Royal Cross School for the Deaf, Preston	20
(d) Partially Hearing Pupils	Royal Cross School, Preston	1
	Needwood Residential School for Partially Hearing, Burton-on-Trent ..	1
	Liverpool School for Partially Hearing, Southport	1
	Thomasson Memorial Special School, Bolton	2
	Royal School for Deaf Children, Margate	1
(e) Educationally Subnormal	Hindley Hall Special School, Stocksfield ..	3
	Rudolf Steiner School, Aberdeen	1
	Springhill Special School, Ripon	2
	Hilton Grange School, Bramhope, Leeds	1
	National Children's Home, Crowthorn School, Edgworth	1
(f) Epileptic Pupils	Soss Moss School, Chelford	2
(g) Physically Handicapped Pupils	John Capel Hanbury Memorial School, Woodford Bridge, Essex	1
	Children's Rest School of Recovery, Liverpool	1
(h) Delicate	Children's Convalescent Home, West Kirby	1
(i) Maladjusted	Childscourt Residential School, Littleford House, Wincanton, Somerset	3

(d) DAY SPECIAL SCHOOLS.

Details regarding the two day special schools in the town are given below. Provision for emotionally disturbed children of primary school age having difficulty in coping in ordinary schools continued to be made in two special classrooms. One of these is in the grounds of Larches Hostel the other attached to Ribbleson Hall County Primary School. There were 18 pupils attending these classes at the end of 1966. While the majority adjust adequately for transfer to ordinary school, a few have required continuation of some special provision even when secondary school age has been reached. Placement in the Open Air School (P.H.) has been beneficial for some of these pupils.

Open Air School for Physically Handicapped Pupils.

The distribution of pupils at this school at the end of 1966 was as follows:

Boys: delicate—38; physically handicapped—27; epileptic—2.

Girls: delicate—32; physically handicapped—24; epileptic—1.

These figures include 21 children from the Lancashire County area, of whom 18 are physically handicapped, and three delicate. Table 112 classifies the reasons for admission to the school in 1966. It will be noticed that for the second consecutive year there have been no admissions on account of post-poliomyelitis paralysis. Two of the cases of spina bifida are young children with paraplegia consequent on the spinal defect, the third a girl readmitted to complete her schooling during the year, after a period out of Preston without any educational provision.

Table 112.
Classification of reasons for admission to Open Air School for Physically Handicapped Pupils in 1966.

	No. of Pupils
Asthma	2
Congenital dislocation (hips)	1
Cerebral injury	1
Cerebral palsy	1
Encopresis	1
Juvenile rheumatoid arthritis	1
Nervous debility	5
Osteodystrophy (knees)	1
Otitis media	2
Perthes hip disease	1
Reduction deformities of limbs	1
Respiratory infection	2
Spina bifida	3
Total	22

The numbers of children in the school on account of selected disabilities are shown below. The figures are for the end of the year.

Asthma	18
Bronchiectasis	4
Cerebral Palsy	12
Epilepsy	4
Congenital Heart Disease	4
Poliomyelitis	7
Respiratory infections	14
Spina bifida	5

The Spastic Unit, originally set up to provide for the child severely handicapped by cerebral palsy, has been recently catering to a considerable extent for the child suffering from comparable disability due to other conditions. The complement of the Unit is ten pupils, and this was maintained throughout the year, there being five new admissions to replace five children discharged. Of the five pupils admitted only one was a spastic child. Two of the other four are cases of spina bifida, while one child has congenital limb malformations and another disability from juvenile rheumatoid arthritis. Of the five pupils discharged from the Unit during the year four are cerebral palsied children. One of these, a boy with the additional handicap of partial deafness, left the school at 16 years of age having passed in two G.C.E. subjects. The three other spastic children, together with a child suffering from congenital hip disease and limb deformity, qualified for transfer to the ordinary classes of the school.

Of the 15 children who attended the Spastic Unit during 1966, 8 suffer from cerebral palsy and 7 from various other conditions, including three with spina bifida and two with limb deformities. It seems likely that in future such special provision will continue to be required for children other than spastics, and it is suggested that the designation "Special Unit" might be more appropriate than Spastic Unit.

The small number of children in the Special Unit allows of true individual attention by the teacher and her assistant. However, every effort is made to prevent pupils being isolated from other children in the school. For senior pupils there is participation in housecraft, gardening and woodwork. Swimming is encouraged from a younger age where there is no medical contraindication. The facilities for this now available at the new baths at the Royal Cross School are greatly appreciated, and visits are made there twice weekly.

Open Air School for Educationally Subnormal Pupils.

The year 1966 ended with no waiting list of children for admission to this school. There were, however, a small number of pupils whose placement at the school was deferred pending suitable transport arrangements. This accounts for the reduced numbers, there being only 127 pupils on roll at the end of the year, all but one of them being Preston children. There were 70 Preston children classified as educationally subnormal, 56 admitted on an informal basis because of retardation and one who was both retarded and maladjusted.

During the year there were 22 children admitted to the school and 39 discharged. Of the latter, 24 left with a view to employment. In the last few terms at school pupils are being prepared for work. Aptitude is assessed, while visits of observation to various firms give some idea of possible opportunities. The 15 pupils who left at earlier ages dispersed as follows:

Transferred to ordinary school (Secondary)	...	...	...	2
Transferred to Open Air School (P.H.)	...	...	...	3
Transferred to residential E.S.N. School	...	...	...	4
Excluded	...	...	...	2
Left district	...	...	...	4

Physical activities are fully as important for the backward child as for one not handicapped. Participation in games, both formal and informal, is encouraged at the school. Visits to the swimming baths are part of the routine for pupils aged ten years old and upwards, and the majority can swim before leaving school. Once again pupils competed in sports with children from other schools for the educationally subnormal. This year the event was held at the Thornton Cleveleys Special School.

3. Employment for the Handicapped.

Conferences continued to be held during 1966 for discussion between parent, teacher, youth employment officer and school doctor, regarding the problems and prospects of employment for the handicapped school-leaver.

Normally the discussions relate to children of 15 years of age, that is those having a further year's schooling before them. Where special problems are involved earlier discussions are arranged. While at both Open Air Schools the majority of school-leavers are 16 years of age, there are those who do not complete the normal length of special schooling. Thus of the 24 leavers from the School for E.S.N. pupils eight left at 15 years of age. For many of these it was considered more advantageous for them to be placed in a job than to continue at school. Of the 18 leavers from the Open Air School (P.H.) there were also eight pupils leaving at 15 years of age. For many of these this reduction in length of schooling was most inadvisable. However, despite recommendations of both headteacher and school doctor, the normal requirements for special education were not enforced.

Despite the difficult employment situation especially in the latter half of the year the majority obtained employment. Thus of the 23 Preston school-leavers from the school for E.S.N. pupils 11 were placed in work by the Youth Employment Officer, 10 found jobs themselves while two others were continuing their studies elsewhere. All but two of the 18 school-leavers from the Open Air School (P.H.) went into employment, five of these being placed by the Youth Employment Officer. One of the two exceptions continued his studies at a secondary school while the other, a boy severely handicapped physically and mentally, is now provided for at the Handicapped Persons Workshop and Social Centre.

In 1966 no handicapped children were sent for assessment or training to an Industrial Rehabilitation Unit. There were 16 young persons, from all schools, registered as disabled persons during the year, (7 boys, 9 girls).

E.—SPECIALIST CLINICS.

1. Ear, Nose and Throat Clinic.

Both of the hospital consultants held one session weekly at Saul Street Clinic. There were 222 children referred to the clinic of whom 203 were seen before the end of the year. Reasons for referral were as follows:

Enlargement of tonsils or adenoids	...	...	...	...	41
Disease of the ears	...	...	...	...	18
Defective hearing	...	...	...	...	88
Other conditions	...	...	...	...	75
					222

Further details are given in Table 118 in the Appendix.

2. Ophthalmic Clinics.

The vacancy for an ophthalmologist caused by the death of Dr. Plum in 1965 remained unfilled throughout the year. Dr. Dowling, school medical officer, therefore continued to hold an additional refraction session each week as well as being responsible for the fortnightly special eye clinic. On account of ill-health Dr. J. Matthews has been unable to hold any clinics since May, 1966.

Details of the work of the clinics is summarised in Table 119 in the Appendix.

3. Orthopaedic and Paediatric Sessions.

Changed circumstances have resulted in progressively fewer visits being required by both Consultant Paediatrician and Consultant Orthopaedic Surgeon. The designation "clinic" is now considered inappropriate to orthopaedic as well as paediatric sessions, and has been discontinued.

The Orthopaedic Clinic at the Open Air School was first established in 1927. With the greater incidence then of crippling defects from such as rickets, tuberculosis and congenital deformities and no National Health Service treatment available, the clinic fulfilled a very essential role in the medical care of children so afflicted. Even since the introduction of the National Health Service the existence of this clinic has ensured orthopaedic supervision especially of children attending the Open Air School and also of those attending district clinics for physiotherapy. The provision of physiotherapy in district clinics decreased from 1959 and ceased in 1962. Since then, the Orthopaedic Clinic has existed primarily for pupils attending the Open Air School, but several even of these were transferred to the hospital out-patients department on account of their requiring the facilities there of appliance fitting, x-rays or more specialised or regular physiotherapy than could be provided at the school. The foregoing facts account for the very limited numbers of children seen by the orthopaedic specialist at the three visits made to the school during 1966, and for the closure of the Orthopaedic Clinic after almost forty years. While it might be possible to continue the existing arrangement of visits by the orthopaedic specialist from time to time, the lack of a physiotherapist by the end of the year warranted transferring all current cases for further review in hospital.

The work carried out by the orthopaedic specialist during 1966 at the Open Air School is summarised as follows:

Number of individual children seen 19.

Congenital deformities ...	...	...	...	...	3
Other deformities ...	...	...	...	...	6
Cerebral palsy ...	...	...	...	...	7
Post-poliomyelitis paralysis ...	...	...	...	...	3
Number of children attending physiotherapist ...	...	...	...	...	8
Number of children referred for x-ray or physiotherapy ...	...	...	...	...	Nil
New cases ...	...	...	...	...	Nil

During the year only one visit was made to the Open Air School by Dr. A. G. Hesling, Consultant Paediatrician. The majority of the nine cases seen were children with cerebral palsy who neither require more regular review nor the facilities at hospital for treatment or investigation. The attachment to the hospital paediatric clinic of Dr. Purdom and one health visitor helps to ensure the exchange of essential information in respect of medical social and educational aspects of treatment of school-children.

F.—SCHOOL DENTAL SERVICE.

The Principal Dental Officer, Mr. A. Kershaw has contributed the following remarks on the work of the School Dental Service during 1966.

“During the year school dental inspections and treatment have been directed towards the secondary modern pupils. It was felt that with such a limited staff, treatment of the permanent dentition should take priority.

Repeated advertisements for posts brought no response until November, when a full-time Senior Dental Officer was appointed.

The part-time services of Consultant Anaesthetist and Orthodontist have continued most satisfactorily.”

Table 120 in the Appendix records work done during the year.

G.—ANCILLARY SERVICES.

1. Physiotherapy.

In 1966 this provision was again only available for pupils attending the Open Air School. During the first two terms three sessions weekly were held by the physiotherapist. With her resignation in July it was only possible for one session per week to be given by the remaining domiciliary physiotherapist, until she left the local authority service at the end of the year. It will be evident that only a proportion of those recommended for physiotherapy could be provided for during the Autumn term, and those most in need were given priority. It is regrettable that this provision should now have to lapse. For many physically handicapped pupils it is a most important part of their special educational treatment.

During 1966 there were 51 children who received physiotherapy. Of these, 8 were new cases. There were 9 children discharged from treatment during the year.

2. Speech Therapy.

The vacancy for speech therapist remained unfilled throughout the year so that no treatment was provided for children with speech defects. At the end of the year there were 97 children listed for therapy.

One boy at secondary school with very poor speech development attended the Moor House School, Oxted, Surrey, for assessment of his disability. While it had been possible to arrange for his treatment by the hospital speech therapist, it was felt that he might benefit by residential placement. Following assessment, however, this position was not recommended. It is hoped that it may be possible to secure therapy for other pupils urgently requiring it through the hospital service. This, however, is only scratching at the surface of the problem.

3. Chiropody.

The majority of children who are found to have plantar warts (verrucae) are referred to their doctor or private chiropodist for treatment. During the Spring and Summer terms treatments were carried out in certain schools where the number of cases warranted a session by one of the clinic chiropodists. Three secondary and four primary schools were visited. In the Autumn term treatment for school children was given instead at clinics, school visits being considered an uneconomic arrangement. Chiropody treatment other than for verrucae is not provided for school children.

H.—PREVENTION OF INFECTION

1. Immunisation.

Primary courses of immunisation against diphtheria, whooping cough, tetanus and poliomyelitis for school entrants is available for those not previously immunised. The forms completed by parents prior to the entrant and intermediate medical examinations include space for consent for these inoculations and also for appropriate reinforcing doses. Booster doses of triple antigen and oral poliomyelitis vaccine are recommended on school entry for the child previously inoculated. After the age of seven years no immunisation against whooping cough is given, but the occurrence of quite severe attacks of whooping cough in unprotected children during their first year or two at school warrants this immunisation at initial school entry.

Approximately three-quarters of pupils of primary school age have had full primary and booster immunisation against diphtheria, whooping cough and tetanus. As regards poliomyelitis, over 90% of these pupils have been protected by vaccination.

For pupils of secondary school age a similar percentage have been vaccinated against poliomyelitis, but for only 60% has immunisation against tetanus been completed. The immunisation rate for this group, however, will obviously rise in the next few years.

Immunisation in school rather than clinic may meet the problem of the clinic defaulter thus improving immunisation rates. At the same time it would be less disruptive of the school timetable. Consideration will be given to implementing this in 1967.

Gamma Globulin is known to confer short-term passive immunity against various diseases in those exposed to infection. Approval was given in September for co-operation with the Public Health Laboratory Service in the use of gamma globulin for the

control of infectious hepatitis outbreaks in schools. Such a controlled trial would only be undertaken if circumstances justified it. In fact, no school outbreak occurred during the remainder of the year.

2. Tuberculosis.

(a) B.C.G. VACCINATION.

B.C.G. vaccination of 13-year-old school children was continued in 1966. It was also available to older pupils who had missed it at that age, and to diabetics at a younger age on medical recommendation.

The improved acceptance rate for this vaccination secured last year has been fully maintained in 1966. Out of a possible 1,726 in the appropriate age group there were 1,450 pupils for whom consent was obtained. This gives an acceptance rate of 84% compared with 83.5% for 1965 and 75.7% in 1964. It is unfortunate, however, that there should be disparity between the number of consents and the number presenting for skin testing. While legitimate absence probably accounts for the majority not present, there is doubtless an element of defaulting. Out of the 1,450 pupils only 1,214 were available for the initial skin test of whom 1,066 were tuberculin negative. All but one of these received B.C.G. vaccination together with 127 older children. Once again there was a further drop in the percentage of pupils found to be tuberculin positive (11.8% compared with 16.4% last year). This evidence of lessening exposure to tuberculosis is good, yet it implies a lack of immunity, and therefore acceptance of the B.C.G. vaccination scheme for school children becomes even more important especially is this so when a rise in the incidence of tuberculosis is more than a possibility.

Those children who reacted strongly to the skin test (Heaf's test grades 3 or 4) were referred to the chest clinic for x-ray and examination if necessary. There were 32 of these in 1966 (67 in 1965). One of these was found to be suffering from tuberculosis (see below). While in the remainder there was no evidence of active tubercular infection, some of them will continue to be followed up at the chest clinic as a precaution.

(b) TUBERCULOSIS IN SCHOOLS.

During 1966 three Preston school-children were notified as cases of tuberculosis. All were suffering from non-infectious primary intrathoracic lesions. Two were girls from the same primary school, aged 8 and 11 years. Adult sources of infection were found in association with their own families. The third case was a boy aged 13 years referred to above, diagnosed following routine tuberculin testing at school. Having very recently arrived in this country from India there was no indication for looking for a source of infection within the school. His family were of course investigated as a routine, but no other case of tuberculosis was revealed.

I.—HEALTH EDUCATION.

During 1966 lectures were given in schools on a variety of subjects including Nutrition, Personal Hygiene, Home Safety, Immunisation, Foot Care, Sex Education and Venereal Diseases. Films and film strips were used to illustrate the talks.

The film "This is your Lung" proved valuable in a Smoking Health campaign in secondary schools which began in the Autumn term. Prominence was also given to this subject by poster displays in the schools. The film not only clearly shows the association between smoking and lung cancer, but portrays dramatically the effect on a family when one parent is found to have the disease already too advanced for any treatment to help. It is hoped that this approach to the subject may have its

effect in curbing the smoking habit among pupils, where the presentation of just facts and figures has been unavailing.

The film "Learning to Live" is now available for use, and already has been shown to several groups in both secondary and grammar schools. It is a sex education film which the teaching staff at schools are finding useful to introduce into the curriculum.

Obesity is the main form of malnutrition in school-children and an increasing problem. A trial was made in one secondary school of group therapy. Pupils were warned of the dangers of obesity and given dietary instructions, opportunity was given for group discussion on the problems met in reducing weight, while regular weighing became a competitive event. The results were gratifying, although with only about a dozen boys and girls involved, the numbers were small. Group therapy often succeeds where individual treatment fails, and this approach could with advantage be used in other schools.

J.—OTHER PROVISIONS.

I am grateful to Mr. Tuson, Chief Education Officer, for the following two reports:

1. Physical Education.

Physical Education continues to be a vigorous and successful part of the Education Service with opportunities for individuals of all ages from primary school children to adults.

Whilst no new Physical Education facilities were provided in 1966 in Secondary Schools the increasing use and benefits of recently-provided facilities became apparent. Greater numbers of children have been involved in a range of activities which is widening to include such things as golf, archery, canoeing and general outdoor pursuits.

In addition arrangements have been made with the Royal Cross School for the use of their new Swimming Pool on three mornings weekly. This has improved the opportunities for swimming, especially for the more severely physically handicapped children from the Open Air School.

2. School Meals and Milk-in-Schools Scheme.

SCHOOL MEALS.

The School Meals Service provides milk, dinners and teas. Light mid-morning lunches are taken at the Open Air School. During the summer of 1966, 3,557 packed dinners and 1,782 packed teas were supplied to schools going on educational visits. At Christmas, 1966, 8,382 party teas were provided for school parties.

A total of 61 dining centres catered for dinner during the year. A summary of two surveys carried out gives the number of children taking dinner on two normal school days:

March, 1966	...	...	...	...	...	10,574
September, 1966	...	...	...	...	...	11,289

The total number of dinners supplied during the year was 2,298,512 compared with 2,245,392 in 1965.

MILK IN SCHOOLS SCHEME.

During 1966 2,710,065 bottles of milk were consumed compared with 2,814,954 in 1965; 2,443,328 in maintained schools, and 266,737 in non-maintained schools, representing a daily average of 13,819 compared with 14,250 in 1965.

SCHOOL MEDICAL INSPECTION

Date of
Birth

Name of School

Full Name of Child

Address

National Health Service No

Family Doctor

The School Medical Officer would be grateful if you would complete and return this questionnaire. It will help him to decide whether or not your child should have a full medical inspection at present.

PLEASE GIVE DETAILS CONCERNING YOUR CHILD:

- (1) The reasons for any admissions to hospital, or special treatment by your family doctor, or consultation with a specialist.
- (2) Has your child any defect of vision, hearing, or speech, or are there other possible defects which you would like to be investigated?
- (3) Is there anything about your child's health which causes you concern, or which you consider may affect your child's education?

- (4) Does your child have:—

Running Ears	...	...	...	...	...	Yes/No.
Earache often	...	...	...	...	...	Yes/No.
Nightmares	...	...	...	...	...	Yes/No.
Asthma	...	...	...	...	...	Yes/No.
A squint or sometimes have a turn in the eye						Yes/No.

- (5) Does your child:—

Snore at night	...	...	...	...	...	Yes/No.
Seem deaf	...	...	...	...	...	Yes/No.
Usually breathe through the mouth	...	...	...	...	...	Yes/No.
Wet the bed	...	...	...	...	...	Yes/No.
Hate going to school	...	...	...	...	...	Yes/No.
Make friends easily	...	...	...	...	...	Yes/No.
Frequently have a cough with thick or yellow phlegm	...	...	...	...	...	Yes/No.
Ever have wheeziness of the chest	...	...	...	...	...	Yes/No.

- (6) Is your child unusually moody or nervous Yes/No.

Signature of
Parent

Date

This form should be returned to School, or may be posted to:

PRINCIPAL SCHOOL MEDICAL OFFICER,
48 LANCASTER ROAD,
PRESTON.

Tel.: 54881; Ext. 271.

APPENDIX—STATISTICAL DATA

Table 113.

Cost of School Health Service 1966/67.

Expenditure	...	...	...	...	...	...	...	...	£55,053
Income	...	...	...	...	...	...	...	...	£2,916
Net expenditure	...	...	...	...	...	...	...	...	£52,137

Table 114.

Defects found at periodic and special inspections.

Defect or Disease	Periodic Inspections		Special Inspections	
	Number of defects		Number of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	26	52	—	2
Eyes (a) Vision	578	268	97	42
(b) Squint	83	23	11	4
(c) Other	6	14	4	—
Ears (a) Hearing... ..	74	107	43	42
(b) Otitis Media	23	70	2	—
(c) Other	15	16	1	3
Nose or Throat	153	163	34	23
Speech	9	51	3	6
Lymphatic Glands	2	58	—	1
Heart	9	34	1	2
Lungs	53	65	7	3
Developmental (a) Hernia	13	8	1	1
(b) Other... ..	25	71	4	7
Orthopaedic (a) Posture	5	26	—	1
(b) Feet	41	77	4	2
(c) Other... ..	43	46	4	2
Nervous system (a) Epilepsy	7	8	2	1
(b) Other	8	28	1	—
Psychological (a) Development	3	27	—	2
(b) Stability	1	31	3	1
Abdomen	7	26	1	—
Other... ..	38	69	4	2
Total	1,222	1,338	227	147

Table 115.
Minor Ailments Treated (excluding uncleanness).

							Number of Defects treated, or under treatment during	
							1965	1966
SKIN—								
Ringworm—Scalp—							—	—
Ringworm—Body							—	—
Scabies							99	131
Impetigo							102	24
Verrucae							55	18
Other skin diseases							818	154
EYE DISEASE—								
(External and other, but excluding errors of re- fraction, squint and cases admitted to hospital) ...							232	110
EAR DEFECTS—								
(Excluding serious diseases of the ear, e.g., operative treatment in hospital, etc.)							144	76
MISCELLANEOUS—								
(e.g., minor injuries, bruises, sores, chilblains, etc.) ...							6,584	3,249
Total							8,034	3,762
Total number of attendances at Authority's minor ail- ments clinics							13,602	5,848

Table 116.
Mental testing—Education Act, 1944, sections 34 and 57
Children Ascertained

Number deemed to be educationally subnormal	5
For admission to day special school for E.S.N.	3
For admission to residential special school for E.S.N. ..	2
Number deemed not to be educationally subnormal	2
Remain in ordinary school	2
Number reported as unsuitable for education at school	
Section 57(4) Education Act, 1944.	8

Table 117.
Disposition of Handicapped Pupils at the end of 1966.

Classification	Total No.	Special School		Home Teaching	Ord. School	No. School
		Day	Resid.			
Blind	—	—	—	—	—	—
Partially sighted	8	5	3	—	—	—
Deaf	21	11	8	—	1	1
Partially hearing	39	1	6	—	32	—
Educationally subnormal	79	70	7	—	2	—
Epileptic	5	3	1	1	—	—
Maladjusted	5	1	4	—	—	—
Physically handicapped	42	33	2	3	—	4
Delicate	70	68	—	—	1	1
Speech defect	97	—	—	—	97	—
Total	366	192	31	4	133	6

Table 118.
Work carried out at E.N.T. Clinics.

New cases	203
Re-inspections	660
Referred for treatment in hospital	131
" " " " clinic	58
" " re-inspection	567
" " X-rays	25
" " audiometry tests	282
Deaf aid clinic	8
Total attendances	1,151
Treatment—	
Operative—Tonsils and adenoids	62
" other nose and throat conditions	12
" diseases of the ear	54
Audiometry tests	501
Other forms of treatment	14

Table 119.
Work carried out at Ophthalmic Clinics.

New cases	292
Re-inspections	1,236
Refractions carried out	305
Prescriptions issued	626
Referred to orthoptic clinic	—
Referred for operative treatment	36
Total attendances	1,528

Table 120.
Dental Inspection and Treatment.

1. INSPECTIONS:					
(a)	Number of pupils first inspected at school	..	..	..	2,877
(b)	Number of pupils first inspected at clinic	..	..	..	89
	Number found to require treatment	..	..	..	1,743
	Number offered treatment	..	..	..	1,392
(c)	Number re-inspected at school or clinic	..	..	..	39
	Number of (c) found to require treatment	..	..	..	28
2. SESSIONS:					
	Sessions devoted to treatment	..	..	..	361
	Sessions devoted to inspection	..	..	..	33
	Sessions devoted to Dental Health Education	..	..	..	—
3. ATTENDANCES AND TREATMENT:					
Visits: first	..	..	..	..	850
subsequent	..	..	..	..	1,181
Total	..	..	..	..	2,031
	Additional course of treatment commenced	..	..	..	29
Fillings: permanent teeth	..	..	..	..	895
deciduous teeth	..	..	..	..	296
No. of teeth filled: permanent teeth	..	..	..	..	706
deciduous teeth	..	..	..	..	268
Extractions: permanent teeth	..	..	..	..	354
deciduous teeth	..	..	..	..	778
General anaesthetics	..	..	..	..	377
Emergencies	..	..	..	..	435
Other forms of treatment	..	..	..	..	144
Courses of treatment completed	..	..	..	..	662
4. ORTHODONTICS:					
	Cases remaining from previous year	..	..	..	42
	New cases commenced during year	..	..	..	12
	Cases completed during year	..	..	..	15
	Cases discontinued during year	..	..	..	8
	Number of removable appliances fitted	..	..	..	20
	Number of fixed appliances fitted	..	..	..	—
	Pupils referred to Hospital Consultant	..	..	..	—
5. PROSTHETICS:					
	Number of pupils supplied with dentures	..	..	..	14
	Number of dentures supplied	..	..	..	17